University of Alberta

Counselling In Prison: Inside Women's Stories

by

Lori Rossi ©

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For my husband, Massimo,

with deepest gratitude for your unwavering patience, love, and support.

Ti amo, tanto, tanto, tanto!

Abstract

Research regarding counselling for women in prison has largely focused on identifying and developing therapeutic programs aimed at reducing recidivism. Little has been studied about the women's experience of these counselling programs, particularly from their own perspectives. Seven women in prison were interviewed about their experiences of counselling while incarcerated. In an intensive qualitative analysis of the interview transcripts, 19 common themes were identified that were organised into the following 6 categories: (a) Identifying Pathways to Counselling, (b) Women's Perceptions of Counselling, (c) Influential Qualities of Counselling In Prison, (d) Describing Change, (e) Influence of Client Factors, and (f) Living Inside: Understanding The Prison Climate. As well, the participant's individual and shared stories are provided regarding the counselling experience. Results of this study revealed elements within the participants' experience that are consistent with the psychotherapy literature. Unique aspects of the prison environment were also found to influence the counselling experience for the women in prison. Discussion is provided in relation to exploring the gap between the psychotherapy and correctional literature. Recommendations for therapists working with women in prison are also described.

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It is well known among graduate students that it takes a legendary amount of work to finish a Ph.D. So as I cross this finish line, it is also going to take some time for this accomplishment to sink in. While I catch my breath and try to count the innumerable times I put life on hold to complete this degree, I have more than a few people to thank. Each of you deserves a gigantic hug and a heartfelt thank you.

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COUNSELLING IN PRISON: INSIDE WOMEN'S STORIES

Introduction

Personal Note

In my ongoing work with women in prison, I have continued to be both fascinated and humbled by their stories. For those women with whom I developed a genuine working relationship, I found that their participation in counselling was an honest attempt at trying to change their lives. However, our sessions were also bound by personal, strategic, and institutional influences and I wondered what effect, if any, it was having on our sessions together.

Therapy for these clients was not mandated, yet there was a general understanding among the women that powerful decision-makers may appreciate their participation in counselling. So for some, they seemed to shuffle into the counselling room only at the last possible minute before their session began. For others, counselling provided relief from the mundane work that they were required to engage in while "doing time." At the very least, it provided an extra opportunity to smoke cigarettes on the way to and from the counselling sessions. For others still, counselling seemed like a unique opportunity to talk "confidentially," yet knowing that nothing is ever completely confidential in prison.

The women you are about to meet have openly shared their counselling experiences. They are mothers, grandmothers, daughters, sisters, and aunts. Each of them was also sentenced to a term of incarceration. For those mental health practitioners who work with women in prison the stories you are about to read may sound familiar. For others, it is our hope that this study will contribute to your understanding of the counselling experience for one of the most marginalised populations in our society – women in prison.

Background to the Research

The majority of research on women in prison is born out of the criminology and sociology literature. Often studies have targeted recidivism rates and, more recently, calls for reform when it comes to managing women in prison. In comparison, less has been studied within the psychological community particularly with regards to their psychotherapeutic experience. It seems from this lack of attention that women in prison continue to be silenced.

Historically in this country, the momentum to study women in prison emerged largely as a result of the building of Canada's first federal institution for women in Kingston Ontario. Since its opening in 1934, feminists, bureaucrats, advocates, and researchers began challenging the conditions and gender discriminations against female offenders (Adelberg & Currie, 1987, 1993; Bernzies & Cooper, 1982; Cooper, 1993; Shaw, 1991). Collectively, these demands called for a radical change in the structure of managing women who have broken the law. In answering this challenge, the Canadian government commissioned a task force in 1989 to better understand these women. Policy and programming recommendations were implemented with a focus on meeting women's needs. This study is predicated on the recognition that we must continue to further our understanding of women in prison. By examining their experiences of psychotherapy while incarcerated, this investigation is another contribution to generating knowledge about women in prison.

Unfortunately, however, prisons across the continent have been slow to incorporate the idea of women-centred corrections. Often these prisons are co-ed and "women-centred" simply means that there is a separate housing area for women. Given the predominantly male population in prison, it is no surprise that women have often been referred to as a "correctional afterthought" (Adelberg & Currie, 1987). Because reform of any serious magnitude has yet to extend beyond pockets of change, some women in prison continue to experience the traditional style of corrections, which largely exists under the umbrella of male dominated institutions. It is here where this study emerged. The purpose of this research is to understand the experience of counselling for women in prison; the secondary aim is to illuminate aspects of their experience that might have implications for continued reform.

It is important to study the counselling experience of women in prison because we have yet to create a solid understanding of their psychotherapeutic processes. To date, widespread attention is paid in the media and research about prison reform and subsequent reduction of recidivism rates, however, these outcome studies say little about the women's attempts in psychotherapy. It is important to understand these experiences and struggles as a means of informing therapists and others who are invested in helping incarcerated women. This research is also important because women in prison have been understudied and subsequently scarcely understood (Adelberg & Currie, 1987, 1993). Therefore it is incumbent upon researchers to investigate women in prison as widely as possible, which includes their counselling experiences while incarcerated. As studying marginalised populations can contribute to greater overall understanding of counselling, it is also important to include this population in the generation of that knowledge. Additionally, this study is important because women in prison can offer a unique perspective into their experiences of counselling. By giving a voice to their experience, it is hoped that the results of this study will contribute to advising stakeholders within social and political domains. What remains hidden until now is the personal stories of counselling told from the perspectives of the women themselves.

In summary, the counselling experience of women in prison is missing from the research literature. By collecting and interpreting their stories, this study will contribute to the ability of therapists, other institutional agents, and community members to be better able to recognise the women's experience and understand the challenges and successes they face while in prison. Historically, theories have been created and studied using the expert-driven research, including recidivism studies, which have been used as a measure of successful offender treatment. What can supplement this knowledge is lending a voice to the women themselves. Until now, the current vacancy in counselling and correctional research has left practitioners and theorists alike with inadequate answers to the counselling experience with women who have broken the law. Consequently, what remains is a lack of solid information into critical processes that may significant extend our knowledge of counselling beyond our reliance on recidivism studies, alone.

Overview of Study

Purpose of the Study

The purpose of this study is to examine the experience of counselling for women in prison. Through an exploratory approach, it is my hope to gain a better understanding of their experiences of attending therapy while incarcerated. Furthermore, the exploratory nature of this study will provide a better understanding of the clients' experiences through a rich description of their stories. By acknowledging and encouraging the women to speak from their own perspective, we can attain an increased awareness with regards to their participation in the programs that are developed to help them. Additionally, the exploratory approach is well suited to examine any mediating influences within the prison environment that may affect the experience of counselling inside an institution.

Format of Dissertation

This dissertation consists of six sections: Introduction, Literature Review, Method, Navigating Prison, Data Analysis and Results, and Discussion.

In the Introduction, the rational for this research project is provided, including both personal and background information concerning the research area, as well as the purpose and importance of the study. In the Literature Review, a discussion of the existing literature is provided with regards to women in prison and the counselling process in general. Literature from both correctional and psychotherapy fields was gathered and used for the basis of this review. In the Methods section, a discussion is provided regarding the rational for choosing the qualitative methodology as well as my role as the instrument of analysis in the process of this research. The Methods section also includes a description of the participant selection process, data collection, and data analysis stages. In the section Navigating Prison, I describe my own process of obtaining entry and acceptance into the prison, including from the administration and women themselves. In the Data Analysis and Results, the findings are presented regarding the women's experiences of counselling while incarcerated. Both individual and shared experiences of the participants are included in this section. In the Discussion, the findings are presented in reference to current research, recommendations for therapists, and future implications.

Literature Review

Morash and Schram (2002) suggested that there are two ways in which to understand women in prison. First they described the *summary approach* where a large number of surveys are completed and statistics are generated which reveal, "the prevalence and incidence of [their] problems, circumstances, and characteristics" (p.23). The summary approach speaks to the most typical characteristics of women in prison in order to gain a wide perspective on the population. This is the most popular approach even though it is limited because no one is "an abstract assemblage of demographic characteristics and problematic backgrounds" (p. 23). While summary information is important, Morash and Schram also stress the value of studying individual women in order to provide rich descriptive information. This information can be gained through the *detailed, comprehensive case approach*, which involves interviewing and observing relatively small numbers of women in prison. The goal of the case approach is to understand the fine details of each woman's history and current circumstances in order to understand the complexities of women in prison. Both approaches that Morash and Schram described have advantages and disadvantages that typically relate to issues of breadth versus depth, generalisability versus meaning. Moreover Morash and Schram argue that women in prison cannot be understood by one approach alone. Since the focus of the current study is on women's experience of counselling, the remaining chapters of this dissertation will focus on providing the reader with detailed case-rich information.

Distinguishing Features of Women in Prison

In this section, a snapshot of women in prison is presented with the caveat that there are many women who will not fit this description nor are any of them "typical." Despite their variation, the rationale for this review is to provide the reader with a preliminary context by referencing the available literature that describes women in prison, including their histories, criminal justice involvement, identified needs, and experience of incarceration. This review also gives the reader a reference point from which to distinguish unique features that shape the lives of incarcerated women.

Trevethan (1999) reported that 72 percent of provincially sentenced women are primarily incarcerated for non-violent offences[1]. The most common offences for these women are drug related offences (13 percent), "other" Criminal Code offences (13 percent) or theft (12 percent). Trevethan also reported that the median aggregated sentence length (i.e., the average of all consecutive sentences imposed) is approximately five months for provincially sentenced women. In terms of personal characteristics, Trevethan indicated the majority of these women are less than 35 years old, they are single mothers, and one-third (35 percent) have a grade nine education or less. It is also likely that the incarcerated woman is Aboriginal, as Aboriginal women (and men) continue to be over-represented in the prison system (Canadian Centre for Justice Statistics, 2003).

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[1] In Canada, women (and men) sentenced to less than two years are considered *provincially sentenced* while those sentenced to two years or more are considered *federally sentenced.* Trevethan (1999) reported that federally sentenced women are typically incarcerated for violent offences (64 percent).

In terms of obtaining a clearer picture of the incarcerated woman, it is also important to distinguish between women who come into conflict with the law, i.e., *female offenders* and the profile of women who end up in prison i.e., *female prisoners*. There is some indication that these populations have distinguishing qualities that are not necessarily shared between the populations. For example Pollock (1998) suggested that when compared to female offenders, women in prison are more likely:

1. to be members of a minority group,
2. to have a substance abuse history, and
3. to have families with backgrounds that include alcoholism, drug use, and a criminal history.

She also suggested that women in prison have less education and fewer skills than compared to female offenders.

In recent response to identifying the needs incarcerated women through the 1990s in Canada, the following gender differences have also been identified. These differences further indicate that women in prison are a distinct group in terms of their characteristics and women-centred studies continue to be needed. In terms of gender differences in prison, Shaw (1994a, 1994b) reported the following:

1. Two thirds of women in prison are mothers and were more likely to be the primary or sole care-givers than men, including during the length of their sentence.
2. Women's health needs are different and greater than those of men.
3. Aboriginal women are even more over-represented than Aboriginal men.
4. Women's criminal histories are generally less extensive and serious than men.
5. Women are less likely to be re-convicted and are generally seen as better "risks" than men.
6. Women have higher reported levels of physical, sexual, and emotional abuse as children and adults than men.
7. Overall, women have lower education and job market skills than men and more dependence on welfare.
8. Women are more likely to be diagnosed as having mental health problems than men.

It has also been reported that men and women experience and respond to prison quite differently while they are incarcerated (Hannah-Moffat & Shaw, 2000). For instance, women tend to feel more suffering by their imprisonment than men and they express their feelings in different ways (Liebling, 1994). Their relationships with family friends are more central to their lives and their relationships within the prison are more intimate than men's relationships (Shaw 1994a, 1994b). Compared to men, women are less likely to be violent while incarcerated, but they are more likely than men to engage in self-injurious behaviours while in prison (Hannah-Moffat & Shaw, 2000). Hannah-Moffat and

Shaw (2000) also suggested differences between the management of men and women's facilities. They argued that there is greater use of disciplinary action for minor infractions in women's prisons that would not otherwise be pursued in a male prison. As well, they stated that staff often regard women as being more difficult to supervise than men and the women tend to be more verbal and emotional.

While it is acknowledged that no two people are alike, studies that summarise the distinguishing features of women in prison help to provide composite picture of this particular group. A brief snapshot of women in prison was presented, including their histories, unique needs, criminal justice involvement, and prison experiences. This review served to provide context and a reference point from which to begin describing women in prison. By delineating their characteristics and experiences as a group, we are better prepared to understand their unique and shared needs.

Psychological Concerns of Women in Prison

Historically, it was hypothesised that women's criminal behaviours were the result of psychological defects. The women were considered "mad" and "deviant," and these labels were used inappropriately to justify the use of interventions such as sterilisation, electroshock therapy, lobotomies, and psychotropic medications (Chunn & Menzies, 1998). Even in Canada during the 1960s, the psychedelic drug LSD was administered experimentally to at least twenty–three women in prison, which was later challenged as a questionable "therapy" for incarcerated women. During the study, some of the women received the drug multiple times while others only received it while in segregation. The results were reported in the *Canadian Journal of Corrections* (Evenson, 1964) but not until the late 1990s were complaints taken under investigation (see Correctional Service Canada, 1998; Gilmore & Somerville, 1998; Kendall, 2000 for further discussion). The summary of concerns that resulted from the questionable 1964 study included issues of informed consent and whether the "experiment" was conducted for larger purposes of behavioural management and control rather than for therapeutic endeavours (Kendall, 2000).

Moving into the more recent past, researchers have demonstrated that women's psychological concerns continue to be misappropriated within the prison environment. The societal stigma of psychological difficulties manifests itself in prison often through ignorance and misunderstanding (Pollock, 1998). Sometimes staff believe that symptoms such as self mutilation, depression, and anxiety are attention seeking behaviours motivated by an attempt to manipulate staff and the system (Galbraith, 1998). One women in Galbraith's interviews described her challenges in dealing with feelings of self-harm while incarcerated:

> It was if you have those feelings and can't control them, then let's strip search you, put you in a cell, and lock it. Or let's strip search you, put you in restraints, and nobody will come talk to you because we don't want to reward those behaviours. I'm not sure people understand that isn't just attention-getting behaviour. (p. 72)

Consistent with this woman's experience, the creation of labels, such as "mentally ill," have been documented as a means of controlling the behaviour of women in prison, particularly through use of medication, restraints, and segregation (Dobash, Dobash, & Gutteridge, 1986). Dobash et al. (1986) further argued that often women were labelled after violating gender-role expectations and that the stigma of "mental illness" served to further delineate the power between staff and inmates. Some attempts in the research have been made to determine whether women receive more "psychological" interventions than men when gender norms are violated. Baskin, Sommers, Tessler, and Steadman (1996) suggested that women received more mental health services based partly on need but also if they displayed aggressive or agitated behaviour. Baskin et al. (1996) reported that women were more likely to be placed in mental health services if engaging in these behaviours than men displaying similar behaviours. However, men were more likely to be placed in segregation during episodes of aggression or agitation. Baskin et al. also found that depressed women were more likely to receive mental health services than depressed men. Baskin et al. concluded that the prison continued to reinforce gender-stereotyped roles, however, they cautioned the speculative nature of their assertion.

The prison can also easily exacerbate psychological traumas that women in prison experienced prior to their incarceration (Morash & Schram, 2002). Incarcerated women come from varied backgrounds and, statistically, they often share histories of violence, abuse, and other forms of maltreatment in their formative years. Therefore when the prison environment lacks sensitivity to these issues, the consequences include the potential to re-traumatise the women. Morash and Schram explained:

> Intrusive pelvic exams . . . confinement in small rooms, being visibly naked in front of men, and being strip or pat searched can flood women's minds with reminders and feelings associated with prior sexual and physical trauma and the resulting feelings of fear and helplessness. (p. 148)

Researchers have suggested that women's psychological concerns have been used to justify questionable treatment and security practices both historically and in the past. The prison experience can also compound women's psychological concerns as noted above. In this next section, the types of psychological issues are identified in relation to women in prison.

Diagnosing Women in Prison

Researchers suggest that as many as 10 percent of all persons incarcerated experience serious mental health problems (Smith & Faubert, 1990, p. 133). Singleton, Meltzer, and Gatward (1998) reported that number may be as high as 14 percent in the female prison population (compared to 10 percent of sentenced men). The statistics jump dramatically when discussing personality disorders for women in prison, which have ranged somewhere between 60 percent (Bolger, 1998) and 20 percent (Singleton et al., 1998) depending on the method used to make the diagnosis. Probably the most often discussed diagnosis in association with women in prison is Borderline Personality Disorder (BPD). Although it is not limited to the female population, approximately 75 percent of those who received the diagnosis are female (Wirth-Cauchon, 2001). In contrast, other research–practitioners have argued that personality disorders, particularly

Borderline Personality Disorder is "too common to be a useful diagnosis; and some consider that it is an acquired syndrome rather than intrinsically part of personality disorder" (Mosson, 2003 p. 136).

The most often used source to assess mental health difficulties in prison is the Diagnostic and Statistical Manual of Mental Disorders, 4th edition Text Revision (American Psychiatric Association, 2000). The DSM-IV-TR is a polythetic classification system that offers clinicians and investigators guidelines for making diagnoses. When the DSM-IV-TR criteria are applied to women in prison, two mood problems appear at higher rates than for women in the broader community. These two diagnoses are depression and bipolar disorder (Morash & Schram, 2002). The reader is referred to the DSM-IV-TR for a more comprehensive list of criteria; in short, depression is broadly defined as a persistent low mood that impairs an individual's social, occupational, or otherwise important area of functioning. Alternatively, Bipolar disorder is characterised by mood swings and episode(s) of mania and depression. Mania is marked by periods of extreme excitement and agitation whereby the individual participates in excessive and unrealistic activities that potentially have dangerous consequences. Listed in the order of frequency, the most common diagnoses given to women in prison are substance abuse disorders, borderline and antisocial personality disorders, posttraumatic stress disorders, and then mood disorders (Baugh, Bull & Cohen, 1998). It is also noteworthy that many women in prison qualify for more than one diagnosis, particularly co-occurring diagnoses of substance abuse disorders and other psychological disorders as defined by the DSM-IV-TR. In comparison to men, women in prison who have addiction issues are also more likely to have severe depression, with accompanying suicidal thoughts and low self-esteem (Mancuso & Miller, 2000).

The reality exists that women in prison face sizeable psychological difficulties. Historically mental illness was inappropriately used to rationalise women's offending and justify inhumane treatment. More recently it has been argued that psychological labels have been used as methods of control. The prison environment also has the potential to trigger psychological reactions to previous traumas (Morash & Schram, 2002) and it appears that women's psychological difficulties continue to be misunderstood and misinterpreted by staff (Pollock, 1998). Based a review of the research it appears that women in prison are most diagnosed with disorders of substance abuse, mood, personality, and posttraumatic stress. It was also noted that many women in prison receive dual diagnoses during their incarceration. In the next section, background information is presented that has shaped the therapeutic services for women in prison.

Background to Therapeutic Services in Prison

There are critics of social policy who argue that offering therapeutic services in prison is a contradiction and distorts the purpose of incarceration. Moreover there is an ongoing debate in our society regarding the extent for which tax-payers' dollars should be appropriated to providing programs such as counselling, education, and recreation to people in prison. The issues stem largely from the traditional idea that prisons exist to punish individuals who have broken the law, not to promote their personal growth. Historically the goals of incarceration have been punitive although there have been periods in correctional history that have focused on rehabilitation, particularly in the 1960s and 1970s (Pollock, 1998).

Despite the conservative notion of incarcerating offenders and "throwing away the key," rehabilitation efforts have persisted in Canada specifically at the federal level. As previously mentioned, in 1990 the federal government made a commitment to women-centred programming after the landmark "Report on the Task Force on Federally Sentenced Women: Creating Choices" (Task Force on Federally Sentenced Women, 1990). Collectively, the Task Force demanded a radical change in the structure of managing women who have broken the law. The Canadian government implemented the new policy and programming recommendations that were created by the Task Force. The recommendations emphasised the five women-centred qualities of empowerment, meaningful and responsible choices, respect and dignity, supportive environment, and shared responsibility (Task Force on Federally Sentenced Women, 1990).

Despite the Task Force, however, the focus on women-centred values continues to be an oddity in corrections, including within the provincial jurisdictions. Most prisons continue to be organised around the principles of punishment and programs continue to be designed primarily upon male-oriented facilities. Hannah-Moffat (1997) concluded that prisons are fundamentally about discipline, security, and punishment. "Ultimately relations of power are the very bedrock upon which prisons are constructed" (p. 189). The majority of scrutiny continues to be directed at security and management issues (Pollock, 1998).

Consequently attention is diverted away from studying and understanding women's needs within the institution.

Despite this being in an era of punishment, however, rehabilitation and individual change efforts continue (Pollock, 1998). Programs in prison range vastly in scope, including yard work, computer training, and religious programs, to therapeutic services, graphic design, and peer support. The following discussion will primarily concentrate on the therapeutic services only, with the acknowledgement that individual change efforts can occur through the medium of various programs in prison not just those that are psychologically oriented. In this review, therapeutic services that are offered to women in prison are discussed along with the underlying models from which they were developed.

Specific Therapeutic Services

Pollock (1998) advised that counselling for women in prison can be categorised into three areas: (a) crisis counselling, (b) counselling to address factors directly related to incarceration, and (c) counselling for personal growth. In crisis counselling, the woman receives help in dealing with current events that are stress-inducing e.g., adjustment difficulties in prison, losing custody of a child while in prison, learning of a life-threatening medical diagnosis. A second form of counselling addresses factors in a woman's life that directly contributed to incarceration, e.g., substance abuse, shoplifting, violent offences. The third category that Pollock described involves counselling for personal growth. This counselling is typically delivered in a group format and addresses such issues as trauma and abuse, communication and interpersonal difficulties, family of origin issues, and self-esteem. Pollock suggested that the needs of the individual woman, along with her stage of imprisonment, influence the type of counselling. Adjustment and crisis concerns may dominate initially, while middle stages may include addressing criminogenic factors (i.e., those factors that directly influenced her criminal behaviour). Goal setting and self-esteem groups may occur in the later stages of her incarceration as she prepares for release.

Hills (2002) offered another counselling paradigm for women in prison, particularly for those diagnosed with co-occurring disorders. She suggested three programming approaches, typically referred to as (a) Sequential, (b) Parallel, and (c) Integrated. In Sequential programming the woman is treated for one problem at a time and when the first program is finished, another program begins. In Parallel programming the woman is treated for different problems at the same time but in different settings e.g., substance abuse programming, trauma and abuse programming, and individual counselling sessions. Hill advised that despite the popularity of the former two programming choices in prison, Parallel and Sequential programming leaves the woman with the difficult task of integrating the material on her own. Alternatively, Integrated programming was devised to compensate for the deficits in the former two models. Integrated programs have an interdisciplinary team of staff that is trained to address multiple issues at the same time. The difficulty with Integrated programming is the limited resources and high cost that is associated with comprehensive programming for any length of time (Morash & Schram, 2002).

The therapeutic programs described below are based on a summary of Pollock (1998), Hills (2000), and Mosson (2003). These writers cautioned that most standard prison programs are not designed to deal with extensive mental health issues of women in a comprehensive way. The result is that multiple and overlapping concerns of women in prison pose a challenge to the prison counsellor. Prioritising what issues should be addressed and developing programs to delineate particular concerns are only some of the challenges for counsellors in prison. Nonetheless different therapeutic approaches are suggested to assist with the unique needs of women in prison.

Behaviour Modification Programs. The main idea behind behaviour modification programs (BMP) is to reinforce some, but not other, behaviours through external rewards and punishments. The tenets behind BMP can be traced back to the 1970s when behaviourism was the hotbed of theory, research, and practice. Key contributors to the field included Joseph Wolpe, Edward Thordike, John B. Watson, and B.F. Skinner. The impetus of BMP was to devise ways in which to increase desirable behaviour through positive reinforcement and decrease or extinguish undesirable behaviour through aversive conditioning. Programs in prison have applied these behaviourist theories to achieve goals with the residents. Withholding privileges such as television, phone connections, and recreation have all been aversive strategies that prisons use to gain compliance from their charges. Alternatively, offering tokens, increasing freedom, and enhancing responsibilities within the institution following appropriate pro-social behaviour has been used to reward compliance. Pollock (1998) argued that the main problem with BMP in prison is the potential abuse through deprivation that can occur in an already deprived environment. The criticism is that further use of deprivation in prison, where there is already little personal control, "raises the charge of cruel and usual punishment" (p. 126). Pollock also countered that BMP may not be as therapeutic as it is a method of control. She argues that BMP relies heavily on external control and does little to foster independent skills within individuals to be able to reward themselves for positive behaviour. An alternative to Pollock's argument, however, is that BMP has the ability to shape behaviours by reinforcing those that are positive, which can lead to a greater repertoire of choices for the individual. Furthermore, these positive behaviours can serve to be reinforcing in and of itself.

Cognitive Approaches. Cognitive Therapy Programs (CTP) are based on the work of pioneers such as Alberta Ellis (rational-emotive therapy) and Aaron Beck (cognitive-behaviour therapy). The underlying theory is that perception, interpretation, and assignment of meaning to an event affects the individual's emotional and behavioural responses to that situation (Warwar & Greenberg, 2000). The essential goals of cognitive therapy are to (a) monitor negative, automatic thoughts (cognitions), (b) recognise connections between cognitions, affect, and behaviours, (c) examine the evidence for and against distorted thoughts, (d) substitute more reality-oriented interpretations for biased cognitions, and (e) learn to identify and alter the dysfunctional beliefs that predispose one to distort experiences (Beck, Rush, Shaw, & Emory, 1979). Some prison programs have also adapted cognitive approaches as a means to develop pro-social behaviours. In the late 1980s in Canada, Ross, Fabiano, and Ewles (1988) suggested that persons in conflict with the law had cognitive deficits that did not allow for pro-social adjustment. It was argued that by increasing their cognitive skills, criminal behaviour would decrease. The goal of their program was to modify "impulsive, egocentric, illogical and rigid thinking of the offenders and teaching them to stop and think before acting, to consider consequences of their behavior . . . " (p. 30). In summary, CTP addresses the thought patterns of women in prison by challenging them to test their behavioural choices based on their cognitions.

Cognitive therapy, combined with the tenets of behaviourism, has been widely acknowledged by the correctional research community as helpful in reducing recidivism. In Canada, Dr. Don Andrews and his colleagues have been longstanding supporters for the use of cognitive-behavioural programs for female offenders. They suggest that these programs are the most effective interventions for female offenders (Andrews & Bonta, 2003; Andrews & Dowden, 1999; Loucks & Zamble, 1999; Blanchette, 1997; Blanchette & Motiuk, 1995) and that interventions aimed at strengthening deficits in faulty thinking can contribute to reducing recidivism. Not everybody agrees with Dr. Andrews et al. (see Kendall & Pollack, 2003), however, particularly feminist researchers who struggle with the notion that cognitive behavioural therapy strips the contextual and socio-political layers of women's cognitions and behaviours, thereby ignoring the fundamental contributions to their problems.

Moral Development Approaches. Although not a therapy per se, moral development approaches have been integrated into therapeutic programs in attempts to increase the pro-social functioning of the prison population. The works of Piaget (1965), Kohlberg (1976, 1981), and Gilligan (1982) have contributed in a significant way to the understanding of moral development. While the former two focused on the idea that moral and cognitive development are positively correlated, the latter emphasised women's moral development and its differences from that of men. Gilligan challenged Kohlberg's hierarchical stages of development, arguing that women relate differently than men and that his model was too male-centred and ethnocentric. Particularly she argued that women do not conform to the stage hierarchy that Kohlberg proposed because they tend to focus more on relationships than on abstract reasoning to determine what is or is not moral. Yet, prison programs have largely adopted Kohlberg's model, below, as a means of informing programs.

Stage 1. Obedience and Punishment Orientation: Obedience to authority and avoidance of punishment are the primary vehicles of moral reasoning. There is little independent thought regarding what is right and what is wrong. There is no real rationale for the position, e.g., "It's the law so you cannot break it." Basic concern for oneself prevails.

Stage 2. Individualism and Exchange: There is still a basic concern for oneself as opposed to society, however, there is increased attention to others. There is a realisation that everything is relative and each person has a choice. Punishment becomes a risk that one can take.

Stage 3. Good Interpersonal Relationships: This is commonly referred to as the good boy/nice girl orientation where role modelling becomes a major force in shaping values and behaviours. Relationships become important as a means of informing morality. Typically associated with teenagers, this stage emphasises an internal rather than an external focus. The reference groups are usually the family and community expectations.

Stage 4. Maintaining Social Order: The individual begins thinking as a member of society. Morality is based on the belief that laws should be obeyed so everything works smoothly. Maintaining social order is important.

Stage 5. Social Contract and Individual Rights: The individual rejects the notion that a smoothly running society is best and begins to adopt a theoretical focus. Issues of freedom become more prominent and the individual tolerates people's rights over laws. The concern becomes focused on what society *should* value.

Stage 6. Universal Principles: A theoretical definition regarding the principles of justice emerges. A person in this stage attempts to treat all parties impartially, respecting their dignity and viewing people all as individuals. There is a commitment to challenging laws themselves and civil disobedience is considered necessary when laws are unjust.

The goal of therapeutic programs that integrate Kohlberg's model is to increase the person's reasoning ability, maturity, and pro-social attitudes. Pollock (1998) reported that offenders, compared to a control group of non-offenders, tended to cluster in Stages 1 and 2, where as the control group clustered around

Stages 3 and 4. She stated that few people ever reach Stage 6 and, in fact, in the 1980s Kohlberg dropped Stage 6 from his scoring manual because he felt that his interview failed to draw out the associated factors (Crain, 1992). There is some support that moral development programs have had success with prison and correctional populations (see Arbuthnot, 1984; Arbuthnot & Gordon, 1986; Scharf & Hickey 1981; van Voorhis, 1985 for further discussion). However, Pollock argued that fewer programs have been able to link moral reasoning to positive behaviour, particularly because the prison environment does not tend to reward higher level moral reasoning (Arbuthnot, 1984).

Group Therapy. Pollock (1998) advised that group therapy is not a specific therapy but rather it is an approach whereby the therapist(s) can integrate different treatment modalities (e.g., cognitive, behavioural, etc.). She acknowledged that groups can have greater power than individual therapy alone because group members can validate and, in contrast, challenge each other in a way that counsellor-client relationships cannot. Mosson (2003) similarly agreed that group work for women in prison is an essential program service. She proposed group work for the purposes of engaging women in prison: "(a) to reduce risk of re-offending, (b) to address and change institutional behavior, and (c) to address mental health needs" (p. 135). Although Mosson's purposes are not exactly gender-specific to women per se, Pollock suggested that women in prison, "tend to be more disclosing and co-operative in the group process. Although female inmates are just as prone to game playing as male inmates, they develop closer relationships more quickly than do the males" (p. 134). In the general psychotherapy literature, Ogrodniczuk, Piper, and Joyce (2004) also indicated that women derive more benefits from group psychotherapy than men.

Specific to prison, Masters (1994, p. 146) identified other advantages of group therapy:

1. It is more economical than individual treatment.
2. It can provide immediate peer pressure, feedback, and information.
3. Challenges from peers are harder for offenders to deny or rationalise.
4. It helps to relieve everyday tension from the prison environment and provides a better way to deal with conflicts.
5. It can help to address the prisoners' subculture.
6. It can help communication between staff and offenders.
7. It is helpful to use for problem solving.
8. It provides reinforcement for positive values.

Despite these positives, Masters (1994) also identified the drawbacks of group therapy in prison:

1. Some may participate solely for entertainment purposes without a sincere desire to address their concerns
2. Participants may be overly superficial and avoid key issues
3. Some may hide within the group by remaining quiet thereby not addressing their issues
4. Other, stronger group members may exploit more vulnerable participants and control the group process

5. Prison norms challenge the group process of sharing personal information and abiding by the group norms of confidentiality and trust.

The overall attraction of groups for therapists working in prisons appears to be the cost effectiveness, ability to integrate different theoretical orientations, and the ability to capitalise on peer validation and challenges. Groups also provide an opportunity for women in prison to practice their skills in vivo and for the therapist(s) to supplement the participants' new skills by modelling pro-social behaviours. There appear to be drawbacks to groups in prison, however, particularly in the conflict between diametrically opposed therapeutic and prison norms.

Therapeutic Communities. The idea of therapeutic communities (TC) was born out of World War II where an attempt was made to create alternatives to traditional hospital treatment for veterans after the war (Jones, 1968). The main thrust of the therapeutic community was for the patient to become a partner in his/her own recovery. There was meant to be an egalitarian relationship between patients and doctors and the democratic process was stressed. Decisions were made collectively by voting on issues such as rules and responsibilities of the ward. Groups were formed to discuss conflicts and issues of irresponsibility. The goal was to encourage members to take on more and more responsibility during their stay.

Therapeutic communities in prisons have had mixed reviews. Usually the TC participants are housed separately from the general population and the program includes "everything and anything that happens on the living unit.

Relationships, conflicts, irresponsible behavior, and letters from home may be fodder for the group sessions that occur at least once and sometimes twice a day" (Pollock 1998, p. 137). The goals of the TC are achieved through various treatment modalities including psychoeducation, encounter groups, individual counselling, and performance measures (DeLeon, 1989). When TC is applied to prison communities, Toch (1980) found that power issues were a mediating factor in the success of early TC programs. Problems included disproportionate levels of punishment that were being voted on by the prison residents, both in the direction of too severe or not severe enough. Pollock described other difficulties that included leaving the TC for the "outside" world and feeling a significant sense of abandonment and loss by the woman. In theory, recidivism could potentially elevate with a desire to return to the supportive environment of the TC. Pollock noted that programs have begun to incorporate post-release support to counteract this potential hazard of the TC program. The graduates were required to make a slow transition back into the general population and then they received follow-up service upon their release. Knight, Simpson, and Hiller (2004) completed the most recent and extensive study that tracked the three-year reincarceration outcomes for in-prison therapeutic community participants. Knight et al. found that those who completed the TC as well as an aftercare program were the least likely to be reincarcerated (25%) compared to those who dropped out of the aftercare program (64%) and untreated comparison group (42%). Along with aftercare, the success of a TC also appears to rely largely on the knowledge and cross-training of staff, with a small staff to client ratio (DeLeon, 1993).

Psychoeducational Support Groups. Programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Peer Support groups attempt to provide women with education and support for their concerns while incarcerated. These groups capitalise on establishing a non-threatening environment, where each woman can participate at her own discretion. The thrust of the group is to provide her with education and support. Typically these programs are initiated or maintained by the women themselves, with some staff input particularly regarding education components (Pollock, 1998). Integrated treatment programs with a psychoeducational support component have received some success (see Bartels, Drake, & Wallach, 1995; Rosenthal, Hellerstein, & Miner, 1992 for further discussion).

Dialectical Behavior Therapy. A significant movement towards developing programming for women in prison has included Marsha Linehan's (1993) Dialectical Behaviour Therapy (DBT). Originally developed to reduce self-injurious behaviours, DBT is emerging as the treatment of choice for persons diagnosed with Borderline Personality Disorder (BPD) in federal Canadian women's prisons. Regardless of the diagnosis, DBT may be an answer to the needs of women in prison. Broadly, the goals of DBT are to increase mindfulness, emotional regulation, interpersonal effectiveness, and distress tolerance skills (Linehan, 1993). Linehan's program has participants in skill-based group programming along with individual therapy sessions with a trained mental health practitioner, such as a psychologist. The participants are required to complete daily diary cards documenting emotional reactions to environmental dynamics.

The incorporation of cognitive behavioural strategies is widely used with the addition of *dialectics*. For Linehan, being dialectical means "the reconciliation of opposites in a continual process of synthesis" (Linehan, 1993, p. 19). In essence the client is asked concurrently to both accept her situation and change. For a more detailed discussion of the DBT program and its application to the female prison population the reader is referred to Linehan (1993) and McDonagh (2002). Not everybody lauds DBT as the treatment of choice and there are critics who suggest that DBT and other cognitive-behavioural programs are oppressive and promote pathology in women in prison. Further, Kendall and Pollack (2003) launch stark criticisms against DBT, which include arguments that the political underpinnings suit the needs of decision-makers but not necessarily the women (e.g., individualises crime, pathologises prisoners, and serves to support and legitimise prison and its programs), and that there are few empirically validated studies to support the program. They also suggest that, without proper controls, written homework completed by the women in the DBT program can be used to deny women privileges and parole based on the information they give about such things as their crime cycle and offence.

Relapse Prevention Strategies. Based on the work of Marlatt and Gordon (1985), relapse prevention programming was developed primarily for persons with substance abuse disorders. The model is founded on social learning principles and uses reinforcement contingencies as a way of understanding patterned habits. Triggers for relapse are thought to include affective, behavioural, cognitive, physiological, psychological, and exposure to vulnerabilities (Daley, 1993). Hills (2000, p. 25) identified core features of relapse prevention programming:

1. Psychoeducation
2. Identifying high risk situations and warning signs
3. Development of coping skills
4. Development of new lifestyle behaviors
5. Increasing self-efficacy
6. Avoiding the abstinence violation effect
7. Drug and alcohol monitoring

Substance abuse programming that incorporates these core features appears to have some treatment efficacy (Gorski, 1989; Roffman & Barnhart, 1987). Specific research with regards to women in prison and the relapse prevention model is scarce and not readily identifiable in the literature. Despite this deficit in the literature, one recent study has indicated that substance abuse programming incorporating the tenets of relapse prevention for women offenders was not promising. Specifically it empirically demonstrated that successful completion of substance abuse programming while incarcerated was not indicative of increased potential for success in the community upon the woman's release (Verbrugge, Nunes, Johnson, & Taylor, 2002). This finding is consistent with those of other researchers (Bonta, Pang, & Wallace-Capretta, 1995; Dowden & Andrews, 1999) who have reported that any form of substance abuse treatment is not a predictor of success upon conditional release for incarcerated women. This finding has serious implications for treatment programs that are offered within an institutional setting because at the very least, the current research does not support that substance abuse programming has any effect on reducing recidivism.

Before moving on, a final note is necessary regarding therapeutic programs in prison. It is recognised that a conflict exists between therapeutic attempts and the prison environment itself. Some argue that prison leaves little room to develop skills addressed in therapy e.g., autonomy, self-control, improved interpersonal relationships because "basic decisions about when to eat, where to work, whether to work, and when to get up are usurped by prison authority" (Pollock 1998, p. 138). In Kendall's (1994), "Therapy Behind Prison Walls: A Contradiction in Terms?" she described that women in prison found staff's unyielding control was the most frustrating and damaging aspect of prison life. She reported that attempts at developing personal control through the women's attendance in therapy were challenged by the prison environment. Consequently both Pollock and Kendall argued that not only do counsellors need to be well versed in programs developed to help address in the complexities of women's of mental health concerns in prison, but also that the prison environment provides its own challenges to delivering mental health services.

The purpose of this section was to outline the therapeutic paradigms and services that are most often used with women and prison, along with the underlying theoretical principles. Because of the unique and complex needs of women in prison, therapeutic services are often not able to address all their concerns through one program or through one particular modality. Offering services in prison also poses unique challenges that might not otherwise exist in the broader community, particularly with regards to difficulties establishing a therapeutic environment in an otherwise punitive system. In the next section a discussion of successful programming is presented in relation to the correctional literature.

Successful Programming and Offenders

What we observe in the psychology and corrections literature is that successful programming for offenders is most often referred to in conjunction with recidivism statistics. In other words, the vast majority of studies conducted to determine what works with offenders have used reductions in re-offending as a measure of successful rehabilitation. While discussions of program efficacy for women in prison is narrow at this point in the literature, there have been a number of researchers dedicated to discovering what works with offenders in general.

Early in the research of what works with offenders, the results were disheartening. The best-known initial meta-analysis is Martinson (1974). Although focused on male offenders, he suggested that "nothing works" after reviewing over 200 prison program evaluations. As the debate continued between Martinson and those who challenged his results with more favourable results (see Gendreau & Ross, 1979, Ross & Gendreau, 1980), Martinson (1979) recanted somewhat to a less sweeping argument, although his retraction was largely ignored in the mainstream (Andrews & Bonta, 2003). Andrews and Bonta (2003) suggested that the "nothing works" perspective fit well at the time of Martinson's study and the majority of criminologists who were "antipsychological" were eager to discount rehabilitation. Andrews and Bonta also suggested that the political climate was such at the time of Martinson's later comments that the public had already settled into the notion of promoting punishment over rehabilitation. The debate raged onward in the literature with results arguing both sides of the issue. More recent meta-analyses have produced results similar to those of Martinson, which indicated that prison programs have little effect, if any, on recidivism (Logan & Gaes, 1993).

When programs are separated from each other, however, Palmer (1994) reported that small pockets of success are indicated that otherwise tend to be eclipsed by the negative overall results. By 1990, the research and meta-analyses came to a more positive conclusion and Andrews and Bonta (2003) argued that, "it was clear that, on average, 'treatment' reduced recidivism to at least a mild degree" (p. 284). Lipsey's review (1989) is generally cited as the most comprehensive one that contributed to this shift in the early 1990s. Although his review was based on studies of juveniles, his results indicated that treatment was favoured over comparison conditions for reducing recidivism. Lipsey further discovered that the type of treatment was significantly associated with reductions in re-offending. He reported that helpful treatments included: (a) lengthier treatments that were structured and focused, (b) services that were provided outside the correctional environment, (c) services that were given to high-risk individuals, (d) services that were under the authority of the evaluator, (e) programs that were multimodal, focusing on behaviour and skill development (i.e., nonbehavioral/insight oriented interventions were ineffective), and (f) programs that included extrapersonal circumstances such as family. Lipsey (1995,

1999) has continued to undertake the task of demonstrating treatment effectiveness for offenders and has provided practical advice for treatment practitioners. He continues to emphasise programming based on behaviour and skills in a structured manner, attention to program integrity and delivery, and adequate dosage (recommends 100 or more contact hours twice weekly for at least 26 weeks).

Specifically with regards to the female offender population, Andrews and Dowden (1999) undertook a meta-analytic investigation and found that clinically relevant and psychologically informed principles of *human service, risk, need,* and *responsivity* were associated with reductions in recidivism. They referred to human service as providing therapeutic programming within the criminal justice context. Need referred to targeting criminogenic factors for change (e.g., target procriminal attitudes rather than self-esteem). Risk was defined as higher risk individual will benefit most from intensive programming while lower-risk individuals will benefit from low (or no) intervention. Responsivity was identified as gearing the style and mode of treatment to the individual's own abilities and learning style. Andrews and Dowden also emphasised that factors of program integrity (e.g., specific model, trained workers, supervision of workers, adequate dosage, etc.), case classification (professional decisions based on recidivism risk and need as they apply to each individual), and core correctional practice (e.g., modelling, structuring skills, effective reinforcement, etc.) are highly relevant to designing and delivering programs to female offenders.

Hill, Andrews, and Hoge (1991) also found a mild but detectable negative effect when inappropriate programs were delivered to offenders in custody. This latter finding was formed on the basis of studying juvenile offenders, however, generally it further supports the idea in correctional research that there are particular elements to designing and delivering programs in prison. Summarising the work largely credited to Andrews and his colleagues, Andrews and Bonta (2003, p. 295) suggested the following practical considerations for delivering clinically appropriate services aimed at reducing recidivism for offenders in general:

1. Short-term behavioral/systems family counseling in which family process is targeted for change and/or in which relevant systems are expanded to include the school, peers, and other relevant settings in the community.
2. Structured one-on-one paraprofessional programs in which the helpers were encouraged to be of active and direct assistance.
3. Specialized academic/vocational programming.
4. Intensive structured skills training.
5. Behaviorally-oriented individual counseling, group counseling, and structured milieu systems.

Note that their discussion of "programming" implies a much larger definition that reaches beyond psychotherapy to include education and other programs that often exist in a prison setting. However, their last recommendation, combined with previous reports that non-behavioural interventions are ineffective (e.g., Lipsey

1989), suggests that the use of behaviourally-oriented approaches is a helpful way to reduce recidivism and increase success in psychotherapy.

In sum, this section provided a review of the literature that has examined the issue of successful programming for offenders. Largely within the context of recidivism statistics, early researchers presented the idea that "nothing works." This argument has prevailed throughout our social fabric and the last 30 years have been spent either validating or disproving this argument. More contemporary researchers have suggested that treatment works at least to a mild degree and that helpful treatments for offenders include lengthy cognitive and/or behavioural therapies that target the procriminal values of high needs offenders. In terms of female offenders specifically, Andrews and Dowden (1999) identified the psychologically informed principles of human service, risk, need, and responsitivity as critical aspects to designing and delivering programs, including psychotherapy. In the next section, a discussion of the special issues is provided to help delineate conflicts that may arise for the therapist during counselling in prison.

Special Issues Related to Counselling in Prison

Counselling in prison is different from other psychological services that are provided in the community and it has a number of special issues that have the potential to challenge even the most seasoned therapist. The goals of counselling, the therapeutic alliance, therapist values, issues of confidentiality, and professional ethics are some of the salient concerns faced by therapists in prison. The following discussion presents these issues in particular, with the acknowledgement that these examples are not exhaustive of the special concerns that may arise while counselling in prison.

The goals of counselling are often influenced by its definition and purpose within the institution. For example Kractocoski (1994) defined counselling in prison as both an endeavour to help offenders establish a lifestyle that conforms to the rules and regulations of society as well as a service to protect the public from inmates' harmful activities. From this definition, issues of promoting conformity, security, and control largely arise as prominent features that are not typically associated with psychotherapy. Furthermore these unconventional goals have been criticised as distorting the therapeutic purpose of psychotherapy in prison. For example, Kendall (1994) suggested that the counselling of female offenders is a way to further control their behaviours as opposed to providing them with any real therapy that helps to achieve personal fulfilment. Additionally, when issues of security and control guide the counselling process, therapists may find themselves struggling to integrate the goals of counselling with the goals of the institution. Consequently, the operating definition and purpose of therapy in prison has come under attack in the recent years.

Some are also beginning to question whether the rate of recidivism is the "ultimate" measure of successful therapy. Pollock (1998) identified the following scenario: If a women moved from a lower to high level of emotional and cognitive functioning as a result of counselling, would the counselling be deemed a success, if despite these improvements, the woman continued to endorse values that supported criminal activities? Another example that Pollock (1998) presented was when, after completing counselling in prison, a woman is released and re-offends but in a less socially harmful way e.g., a drug possession rather than a robbery. Pollock asked whether her counselling would be considered successful in this case. I would also like the reader to consider whether he or she would deem therapy successful if the counselling prolonged the time between the woman's release and another relapse, e.g., drug or criminally induced. While Pollock does not undermine the importance of using recidivism as a measure of success, she also considers smaller yet meaningful indicators of successful counselling. She proposed that mental health providers consider other measures such as "changes in drug use, changes in standardised scoring instruments measuring self-esteem, values, autonomy, shift in development of more positive interpersonal relationships" (p. 21). The issue of what determines successful therapy is one such consideration that counsellors are faced when working with women in prison.

Another consideration for therapists working with women in prison is how to balance the therapeutic relationship with the sense of authority that permeates all correctional-helping positions. Pollock (1998) advised that a balance is needed between genuine warmth, understanding, and the power that the therapist has in his or her ability to hold over a client. She offered the following approach to counselling:

> What is needed is an appropriate balance between genuine warmth and caring, the ability to hold the offender accountable for their actions, and the wise use of authority to support this accountability. Through this

> healthy relationship, the offender may be able to learn discipline, self-motivation, and see that their behavior does have consequences. (p. 166)

Determining this “appropriate balance” is likely up for debate and left for the individual therapist to determine in context of the social and political environment of the prison. However, Pollock’s main point relates to striking a balance between supporting the client and challenging her actions while in a position of authority.

Another special issue that therapists confront in prison is the establishment of a therapeutic alliance with their clients. As later discussed in the psychotherapy literature review, the alliance is a major element of the counselling experience that is integral to the therapeutic process (see page 64 for further review). How then does a therapist facilitate the interpersonal bonds, agreement of goals, and collaboration of tasks (Bordin, 1979) if the client is uninterested or has different ideas of what therapy should include? Pollock (1998) suggested that “nothing will destroy a developing helping relationship quicker than a counselor who attempts to force treatment goals on a client” (p. 178). Therefore she encouraged counsellors to use the client’s goals unless the goals clearly support criminal ideals and are antithetical to the counselling process. Pollock also suggested that the therapeutic relationship can be enhanced by avoiding questioning methods that mimic the interrogation experience that the woman likely endured by the criminal justice system prior to being incarcerated. In the process of establishing relationships, the counsellor will also likely need to weigh his or her own values and beliefs in order to facilitate a genuine working relationship (Pollock, 1998). Therapists are often challenged to consider their values in relations to the clients that they work with. For example is it possible to work with women to have committed heinous crimes, e.g., infanticide, while continuing to demonstrate the balance between warmth and accountability?

Another consideration is the issues of transference and countertransference that can occur during any counselling relationship. Despite the wide-ranging possibility of this phenomena regardless of the setting, Pollock (1998) identified special problems that exist in the prison environment. With regards to transference by a woman in prison, the client may relive unhealthy relationship patterns with her therapist. For example, Pollock described a woman reacting extremely negatively to perceived abandonment when the therapist cancelled the appointment. For male counsellors, Pollock cautioned that women may constantly seek his affection or approval. Countertransference also occurs and can be damaging to the counselling relationship. Therefore, she suggested that counsellors who have strong needs for control should reconsider working in a correctional environment because they may unconsciously meet their own needs by emphasising the control aspects of the relationship. Pollack also advised that counsellors who have unmet social needs may entangled themselves into developing inappropriate relationships with women in prison because the clients tend to show gratitude and affection toward the counsellor. The dependency of the counsellor to fulfill unmet social needs or acquire power and control through the therapeutic relationship creates an unhealthy and unethical dynamic.

The issue of confidentiality is another issue that arises for counsellors in prison (Pollock, 1998). Divulging information about clients is not typical in the helping profession unless under special circumstances of risk to self, others, children, or information subpoenaed by the Court. Security and public safety are foremost issues in prison, however, and these issues typically take precedence. As a result, the counsellor can find him or herself adopting multiple roles of being accountable to the prison bureaucracy in order, "to protect the security of the institution and innocents" (Pollock, 1998, p. 175). Such instances may include when a client discloses an inmate fight, stash of drugs, or movement of other illegal contraband within the institution. Pollock advised that the prison counsellor has a primary responsibility to be familiar with both the professional ethics and the special limits to confidentiality in prison and to likewise ensure that his or her clients understand these boundaries of information.

These are only a few of the special issues that can arise during the process of counselling women in prison. Defining the purpose and success of counselling, establishing therapeutic relationships, assessing personal values, issues of confidentiality, and professional ethics have all been identified in this discussion as important aspects to consider in relation to counselling women in prison. In this next section, the literature review will move to focus on the general psychotherapeutic literature and highlight salient issues relevant to the counselling experience.

The Individual Counselling Process

The purpose of this review is to provide an outline of contemporary issues that have arisen regarding the individual counselling process. The literature presented is one way of making sense of the experience of counselling. It is hoped that this review will provide the reader with a foundation to understanding the counselling process and the subsequent chapters of this dissertation.

The counselling process is defined by Hill and Nutt-Williams (2000) as, "overt and covert thoughts, feelings, and behaviors of both clients and therapists during therapy sessions" (p. 670). They distinguish process from input variables (characteristics of clients, therapists, and settings), extratherapy events (events that occur outside the sessions that can help or hinder the therapeutic process), and outcome (change that occurs directly or indirectly as the result of therapy). However, Hill and Nutt-Williams caution that there is some overlap between both process and outcome variables; therefore, these aforementioned categories are not mutually exclusive. In their review of the literature, Hill and Nutt-Williams identified a number of areas that they believe have garnered the most attention in the psychotherapy process research, including: (a) therapist contributions, (b) client contributions, (c) therapeutic events, and (d) the therapeutic alliance. These four areas will be the focus of this review.

Therapist Contributions

A number of specific therapist contributions have been identified in the literature that can facilitate the understanding of the counselling experience. These contributions can be broken into two categories: overt and covert processes. In the overt category, researchers have studied particular counsellor techniques and strategies that contribute to the counselling session(s). In the covert category, researchers have attempted to understand inner processes of the therapist that play a role in the counselling experience. Both categories will be the focus of this review.

In terms of particular techniques, Hill, Helms, Tichenor, Spiegel, O'Grady, and Perry (1988) distinguished between skills that ranged from very helpful all the way down to relatively unhelpful. Specifically, they determined that very helpful therapist techniques include interpretation, self-disclosure, paraphrase, and approval. Moderately helpful techniques are open questions, confrontation, and information. Direct guidance and closed questions are relatively unhelpful.

Of these helpful techniques, therapist self-disclosure has received a substantial amount of attention in the literature and has been indicated as a useful technique that can result in high ratings of helpfulness, client experiencing, and new perspective (Hill & Nutt-Williams, 2000). Self-disclosure occurs when the therapist reveals anything personal about himself or herself to a client (Hill & O'Brien, 1999). Hill and O'Brien suggested at least five types of therapist self-disclosure: (a) disclosures of facts/credentials, (b) disclosure of feelings, (c) disclosure of non-immediate personal experiences, (d) disclosures of immediate reactions to the client, and (e) disclosure of strategies. Audet and Everall (2003) found that the impact of therapist self-disclosure depended on the context in which it occurred and the way in which the counsellor delivered the self-disclosure (with emphasis on a responsiveness approach). When these disclosures are used for the benefit of the client and they are used infrequently, self-disclosure appears to be effective in reassuring and normalising the client experience (Hill & Nutt-Williams, 2000).

Other specific therapist interventions include paradoxical interventions i.e., prescribing the symptom, and assigning homework. There have been mixed reviews regarding the effectiveness of the former (see Horvath & Goheen, 1990; Kraft, Claiborn, & Dowd, 1985; Swoboda, Dowd, & Wise, 1990 for further discussion) most likely because it has been difficult to operationalise, measure, and compare results of paradoxical intention across studies (Hill & Nutt-Williams, 2000). In terms of assigning homework, Hill and Nutt-Williams made the following recommendations for therapists upon their review of the process literature: (a) base homework recommendations on strengths (not deficits), (b) ensure clients have sufficient motivation to complete the homework and make changes, (c) start homework early in therapy, (d) assign standardised tests rather than other types of homework, and (e) do not stress the therapist's own power and expertise (p. 678).

Interpretation is another therapist contribution that has been identified in the counselling process research literature. Hill and O'Brien (1999) defined interpretations as going beyond what the client has said and presenting new meaning, reason, or explanation for the client's behaviours, thoughts, or feelings in a way that the client can see problems differently. Researchers have demonstrated that therapists actually use very little interpretation in their practice (Barkham & Shapiro, 1986; Hill, Helms, Tichenor, et al., 1988), and this finding is likely mediated by the theoretical orientation of the therapist, e.g., psychodynamic-oriented therapists interpret more often than behaviour-oriented therapists (Stiles & Shapiro, 1995). Researchers have also demonstrated that moderate interpretations are better than interpretations that are either too superficial or too deep (Claiborn & Dowd, 1985). Further, the effect is often better when interpretations are tailored specifically to client beliefs and needs as opposed to interpreting client's transference behaviours, i.e., forming interpretations that relate client feelings/behaviours toward the therapist to experiences with significant others in the client's life (Crits-Christoph, Copper, & Luborsky, 1988; Messer, Tishby, & Spillman, 1992; Norville, Sampson, & Weiss, 1996). Joyce, Duncan, and Piper (1995) also found that the most effective therapist interpretations occur when the client showed a readiness for the interpretation, clearly invited the therapist to interpret, and when the client was able to tolerate the interpretation. Joyce et al. demonstrated that the therapist accuracy of the interpretation facilitated the client's ability to become engaged in the counselling process and the most effective interpretations were those that involved the client's immediate experience.

Confrontations by the therapist have also been studied in the counselling process research. Hill (1986) defined confrontation as an intervention whereby the therapist points out a discrepancy or contradiction to the client's message. In general, confrontation is used by therapists even less than interpretation (Barkham & Shapiro, 1986; Hill, Helms, Tichenor, et al., 1988). When confrontation is deployed, clients and therapists tend to report that it was moderately helpful but clients also report negative emotional reactions to the confrontation. Therapists have also reported negative effects of confrontation, rating sessions as not very smooth or satisfactory when many confrontations were used (Hill, Helms, Tichenor, et al., 1988). Client defensiveness was another problem that has been shown to occur with a confrontational style of therapy (Salerno, Farber, McCullough, Winston, & Trujillo, 1992). In this study, the researchers found that clients responded with defensiveness when they were confronted by their therapists and therapists tended to use confrontation when clients were defensive. Miller, Benefield, and Tonigan (1993) also found negative effects of confrontation when they compared a directive-confrontation style to a client-centered (non-confrontational) style. Their results showed that the directive-confrontation style produced more resistance from clients that, in turn, predicted poorer outcomes at a one year-follow up. Hill and Nutt-Williams (2000) summarized the research on confrontation by suggesting that, "confrontation leads to negative client reactions and defensiveness, and that client defensiveness leads to therapist confrontation . . ." (p. 675). They assert that more research needs to examine individual characteristics of clients, how therapists deliver confrontation, and the timing on the effectiveness of confrontation.

Inner processes of the therapist have also been studied specifically in the context of the therapeutic process, including therapist intentions (Hill, Helms, Tichenor, et a., 1988; Hill & O'Grady, 1985), self-talk (Morran, Kurpius, & Brack, 1989; Williams, Judge, Hill, & Hoffman, 1997), and countertransference (Hayes, McCracken, McClanahan, Hill, Harp, & Carozzoni, 1998). It is cautioned that there have been a host of methodological difficulties in understanding the inner world of therapists, as compared to their overt processes, and so the available findings are tentative.

In terms of therapist intentions, preliminary results have suggested that novice therapists intend to challenge clients and focus on client cognitions while less often intending to support, deal with the relationship, and attend to their own needs (Kivlighan & Angelone, 1991). Other researchers (Fuller & Hill, 1985) have shown that clients are most accurate at perceiving therapists' intentions of getting information, setting limits, and seeking clarification, but less accurate in perceiving therapist intentions of dealing with the relationship, resistance, and therapist needs. There is also some suggestion that clients do not necessarily need to know exactly what therapists mean to do in order for counselling to be helpful (Horvath, Marx, & Kamann, 1988; Martin, Martin, & Slemon, 1987). As mentioned previously, however, the research on therapist intention is significantly limited by researchers' inability to access the therapists' inner world as it occurs during the counselling session. Most of what has been studied has required out-of-session recall, which is hampered by the therapists' ability to remember fleeting intentions and other moments linked to conscious awareness (Hill & Nutt-William, 2000). As a result, further research and creativity is needed to better understand the impact of therapist intention on the counselling process.

In terms of self-talk (i.e., what therapists say to themselves during session), researchers have attempted to develop a categorical system to code self-talk (e.g., Morran, Kurpius, & Brack, 1989; Nutt-Williams & Hill, 1996) while others have been focused on assessing the impact of therapists' self-talk on their therapeutic work (e.g., Williams, Judge, Hill, & Hoffman, 1997). For example, Morran et al. (1989) found 14 categories of self-talk that included four large categories of client-focused questions, summarizations, inferences or hypotheses, and self-instruction. The impact of self-talk on therapeutic work is tentative, but one study revealed that themes of internal dialogue for beginning therapists surrounded feeling anxious, distracted, overly self-focused, empathic, comfortable, frustrated with the client, and doubting of their own skills (Williams et al., 1997). In the same study, the beginning therapists reported using self-awareness, focusing on the client, and suppressing their feelings and reactions in order to manage themselves in session. Hill and Nutt-William (2000) suggested that the difficulty in studying therapist self-talk surrounds defining and operationalising what is self-talk, what should be included in the study of self-talk (e.g., self-critical thoughts, intervention planning, intentions) and how self-talk influences therapists across levels of training.

In terms of therapist countertransference, researchers have been interested in this issue since the time of Sigmund Freud, yet they continue to struggle with defining and measuring this phenomenon (Hill & Nutt-William, 2000). Some have suggested that countertransference is a misperception of the client's personality as either more or less similar to the therapist (McClure & Hodge, 1987), while others have focused on studying countertransference as unresolved intrapsychic issues of the therapist (Hayes et al., 1998). Because of the wide ranging, and somewhat inconsistent conceptualization of countertransference as a phenomenon, it is difficult to gain a consensus of the impact of countertransference on the counselling process. Despite this conceptual barrier, a recent qualitative study by Hayes et al. found that countertransference is prevalent in the counselling experience, which counters the myth that good therapists are somehow free of countertransference feelings. They found that typical origins of therapist countertransference surrounded family issues (e.g., parenting), therapists' needs and values (e.g., the need for control), therapy specific issues, and cultural issues. Typical triggers of countertransference included content of the client material, therapist comparing the client with others, missed or late sessions (and other therapy structural changes), and emotional reactions. Signs of the countertransference were manifested through avoidance (e.g. boredom or distancing self from client) and negative feelings (e.g., anger or inadequacy). The reader is cautioned that these are only the results of one study, yet the findings may serve to help understand the types of issues that arise from countertransference in the counselling process.

In sum, researchers have identified both overt and covert therapist contributions that occur as a part of the counselling experience. A review of the literature shows that overt contributions, such as therapist self-disclosure, assigning homework, interpretation, and confrontation are easier studied than covert processes such as therapist intentions, self-talk, and countertransference due to the methodological difficulties (Hill & Nutt-Williams, 2000). Nonetheless it is important to reflect upon the notion that both therapists' overt and covert processes have been acknowledged as influential in the counselling experience.

Client Contributions

There are a number of client factors have been identified in the literature that contribute to the counselling experience. This review will focus on factors of involvement, resistance, reactions, nondisclosure, transference, and pre-existing skills. By no means is this an exhaustive list, but rather a summary of the most often identified and discussed client processes that have emerged in the recent years.

Client involvement is one such process whereby the client is an active participant and productively involved in the sessions (Hill & Nutt-Williams, 2000). A number of scales have been developed to measure client involvement including, *The Client Experiencing Scale* (Klein, Mathieu-Coughlan, & Kiesler, 1986) and the *Rutgers Psychotherapy Progress Scale* (Holland, Roberts, & Messer, 1998). Another measure, *The Assimilation Scale,* was developed by Stiles et al. (1990) on the basis of their model that describes how clients process problematic/painful experiences and assimilate these experiences through therapy. Stiles et al. suggested that problematic experiences go from clients being unaware of the problem, to warding off the problem, to the problem entering their awareness, to clarifying the problem, to understanding the problem, to working through the problem, to the problem being a resource, and finally to integrating solutions into everyday life. More recently, Honos-Webb and Stiles (1998) revised the Assimilation Model and Scale in terms of "voices." In this revised model, the problematic experience is conceptualised as a separate, active voice within the client that is not connected to the community (i.e., the self). Therapy is used to help the client assimilate the isolated "voice" into the community of voices. Other researchers have preferred to focus on *how* the client expresses himself or herself (e.g., Martin & Stelmaczonek, 1988; McCarthy, Shaw, & Schmeck, 1986) as a way of understanding client involvement. For example McCarthy et al. (1986), proposed five dimensions of client dialogue that represent levels of cognitive complexity: deep-shallow, elaborative-nonelaborative, conclusion oriented-description oriented, clear-vague, personal-impersonal. The progression of limited involvement to deep involvement is the overarching theme between approaches that examine *what* clients say or *how* clients express themselves in therapy (Hill & Nutt-Williams, 2000). Regardless of how it is measured, it has been demonstrated that when clients are involved in the therapeutic process, they participate more, they are more open, and they are better able to absorb the therapeutic material that occurs during the counselling process (Orlinsky, Grawe, & Parks, 1994). Therefore, the degree of client involvement appears to be an important client contribution to the psychotherapeutic process.

Client resistance has also emerged in the process research as a curious variable that has attracted researchers' attention. Definitions of resistance have ranged from discrete behaviours of confrontation, challenging, complaining (see Chamberlain, Patterson, Reid, Kavanagh, & Forgath, 1984 for the litany of descriptors) to Mahalik's (1994) definition that included underlying opposition to the therapist and/or therapeutic process. What is understood about client resistance is that therapists often contribute to resistance in clients, a concept that the reader is encouraged to consider in the later discussion of counselling with women in prison. For example, clients are considered problematic or difficult if they do not conform to the therapist's expectation of therapy (Brandchaft & Stolorow, 1984; Schafer, 1983) or what it means to be a client (Bugental, 1987). This premise is paradoxical, however, because the therapist determines who is resistant, and once ascribed, the resistance exists (Mahrer, Murphy, Gagnon, & Gingras, 1994). Similarly, Mahrer et al. (1994) asserted that many times the therapist is the cause of resistance, especially when he or she constructs a role that the client is to fulfil, or when the therapist wants the client to behave in a certain way. Langs (1981) encapsulated this concept well when he stated, "it is incumbent upon the therapist to ascertain his own contribution to each resistance before dealing with those sources which arise within the patient" (p. 540).

Additional client contributions in the psychotherapy process are client reactions, nondisclosure in therapy, and transference. In order to understand client reactions, researchers have asked clients to recall and/or review tapes from when they were interacting with their therapists and then they were asked how they felt during particular moments in session (Hill & Nutt-Williams, 2000). In one study researchers found that clients tend to react positively when therapists express support, however, when therapists performed a lot of data gathering and administrative tasks in therapy, the clients became impatient and felt is was not helpful (Hill, Helms, Spiegel, & Tichenor, 1988). In the same study clients rated the positive reactions of Unstuck, Better Self-Understanding, Learned New Ways to Behave, and Took Responsibility as most helpful. The reactions of Stuck, Confused, and Misunderstood received the lowest ratings and implied relatively unhelpful experiences. In further research on client reactions, Hill and her colleagues (Hill, Thompson, Cogar, & Denman, 1993; Hill et al., 1992; Thompson & Hill, 1991) found that clients tend to hide immediate negative reactions (e.g., feeling scared, confused, misunderstood, or stuck) more often than positive reactions (e.g., feeling understood, supported, etc.), which supports the idea that clients do not want their therapists to know when they feel negative (Rennie, 1992; 1994). Thompson and Hill (1991) also reported that therapists are better able to perceive positive client reactions as opposed to negative client reactions. As a result of studying client reactions, Rennie (1994) suggested that clients operate on two parallel levels during the therapy process: one level features a sense of pleasantness and cooperation with the therapist. At the other level the client simultaneous experiences resentment and doubt.

In terms of nondisclosure in therapy, researchers have found that clients hide reactions, secrets, thoughts, and feelings from their therapists, particularly if they are negative (Hill et al., 1993). For example, in one study (Weiner & Shuman, 1984), 42 percent of the sample reported that they withheld information from their counsellors that could be categorized into one of eight themes: violent thoughts, violent acts, sexual thoughts, sexual acts, financial issues, possible crimes, drugs or medication taken, and "other" (distinct individual) topics. The results of withholding information from therapists can lead to both dissatisfaction or satisfaction in therapy depending on what type of information is being withheld (Regan & Hill, 1992). In Regan and Hill's study, they found that when clients refrained from talking about thoughts and behaviours, they were dissatisfied with therapy. However, when clients refrained from talking about their emotions, they were satisfied, suggesting that clients do not like to feel vulnerable in therapy (Hill & Nutt-William, 2000). Further, non-disclosure in therapy appears to be more common than not. Approximately two thirds of long-term psychotherapy patients acknowledged purposefully withholding information, mostly in the form of secrets surrounding relationship difficulties, sexual issues, or feelings of failure (Hill et al., 1993; Kelly, 1998). There does not appear to be gender differences when it comes to client non-disclosure (Farber & Hall, 2002) and clients tend to disclose extensively around themes of self-work, dysphoric feelings, and relationship issues (Farber & Hall, 2002; Hall & Farber , 2001). Farber (2003) summarized some the research on client disclosure. He stated:

> . . . findings indicate that there are several categories of non-disclosed information (secrets, things left unsaid, and client reactions); that patients tend to hide immediately experienced negative reactions from their therapists; that disliked characteristics of oneself and one's parents are among the most thoroughly discussed issues in therapy while the least discussed issues are related to sex, aggression, or personal failure; that men and women tend to disclose to the same extent and on the same topics; that shame inhibits disclosure of negative affect; that strength of the therapeutic alliance, overall tendency to be disclosing, and time spent in therapy are positively associated with greater patient disclosure . . . . (p. 599)

Client transference is another phenomenon that has long been debated in the psychotherapy research. Early definitions were developed by Freud (1912/1958), which included a mental representation of a person's early interpersonal relationships that guides perceptions of his/her current relationships. Gelso and Carter (1994) updated this conceptualisation and proposed that transference is unconscious, unresolved, and conflicting patterns of interpersonal relationships that manifest itself during therapy. They also suggested that transference typically involves a distortion on the part of the client where the client relates to the therapist as he or she has related to a significant other in the past (as opposed to relating with the therapist as a real person). Attempts to study transference in the counselling process remain challenging due to the, "lack of clear definition, the complexity of the topic, and the difficulty of observing unconscious processes" (Hill & Nutt-Williams, 2000, p. 685). These challenges were echoed in a recent qualitative study of client transference (Gelso, Hill, Mohr, Rochlen, & Zack, 1999). Gelso et al. (1999) could not find any definitive patterns from interview data gathered from psychodynamic therapists about successful cases of long-term therapy. Their findings suggested that transference is idiosyncratic, complex, and develops differently for each client and therapist. Although these results are limited and cannot be generalised across studies, knowing that transference exists and can occur in the context of psychotherapy is an elusive yet important to understanding aspects of the counselling process.

Pre-existing skills and strengths that clients bring into sessions from their outside world are perhaps one of the more underestimated client contributions to the therapy process (Miller, Duncan, & Hubble, 1997). Miller et al. suggest that these events or processes that occur outside the context of therapy can be instrumental in counselling. They wrote:

> Whether seeking out a trusted friend or family member, purchasing a book or tape from their local bookstore or from late-night television, or attending church or a mutual-help group, clients find support wherever they can outside the formal therapy relationship. In fact, these elements – the clients' strengths and endurance, their tendency to seek and obtain help from others, and their ability to both engage and mobilize whatever social support network they have – are so significant that psychotherapy researchers have the perennial problem of determining whether the results of any particular study should be attributed to the method under investigation or to something clients did to help themselves. (p. 77)

Miller et al suggest this importance of clients' strengths and resources in counselling is echoed in findings from earlier researchers in the 1980s who reported that nearly half of clients look for other sources of outside help at the same time they are seeking therapy (Veroff, Kulka, & Douvan, 1981). As a result of giving more credit to the clients' existing skills and resourcefulness, there appears to be a shift in the tone of psychotherapy literature. In particular it appears that the language used to describe clients has moved away from characterising them as passive entities awaiting therapist enlightenment to active, creative, self-directed participants of the counselling process. For example, clients are now being described as the "engine" that makes therapy work (Bohart &

Tallman, 1999; Bohart & Tallman, 1996) and that they are "heroic" (Duncan & Miller, 2000). Psychotherapists in the literature have also begun to advocate loudly for the idea that clients (not therapists) are the major force in counselling and that clients are able to use their inherent ability to tailor treatment to their needs and "self-heal" (Hubble, Duncan, & Miller, 1999; Tallman & Bohart, 1999). Therefore, despite all of the attempts at teasing apart what occurs in therapy and what factors contribute to the counselling process, it appears that clients are emerging as one of the fundamental contributors as evidenced by the increasing acknowledgment of their pre-existing skills.

Therapeutic Events.

A number of therapeutic events have been identified in the literature as associated with the psychotherapeutic process. These events can be understood by discussing them in terms of three categories: helpful events, hindering events, and specific therapeutic events. Each of these areas is discussed below in relation to the counselling process.

Some of the most helpful events for clients have included problem-solving, awareness, and reassurance (Llewelyn, Elliott, Shapiro, Hardy, & Firth-Cozens, 1988). Clients and therapists have also agreed that the most helpful events included insight, personal material, exploration of feelings, and finding a new way of being (Martin & Stelmaczonek, 1988). It has also been demonstrated that very good moments tend to occur when therapists are sensitive to the immediate condition of the client (Mahrer, White, Howard, Gagnon, & MacPhee, 1986).

Another way in which to consider helpful events in counselling is to review some of the taxonomies generated from client perspectives that have emerged in the recent years. In a review of the available literature at the time, Elliott and James (1989) found that clients' experience of helpful aspects of therapy fell into two categories, Interpersonal and Task, and five subcategories: (a) Facilitative Therapist Characteristics, (b) Client Self-Expression Permitted, (c) Experiencing Supportive Relationship, (d) Self-Understanding/Insight, and (e) Therapist Encouraging Extratherapy Practice. The limitation of Elliott and James' review was that the indirect measures of client experience that were formulated by researchers, not clients. To overcome this limitation, Paulson, Truscott, and Stuart (1999) asked clients directly about helpful experiences in counselling using a concept-mapping approach (Trochim, 1989). First, Paulson et al. generated a list of statements based on individual interviews with clients about helpful aspects of counselling. Then, a second (unrelated) group of clients was asked to sort and rate the helpful statements that were generated by the first group. The subsequent findings were similar to Elliott and James' 1989 study, except the fifth subcategory (Therapist Encouraging Extratherapy Practice) was not identified. Further, Paulson et al. identified four new categories: (a) Client Resolutions, (b) Gaining Knowledge, (c) Emotional Relief, and (d) Accessibility. The findings of Paulson et al. were consistent with the counselling literature that suggests emotional relief is an important part of the counselling process (e.g., Greenberg, Korman, & Paivio, 2002), but the two categories of Client Resolutions and Gaining Knowledge were new. Clients in the Paulson et al. study also indicated that affordability was the most highly rated single aspect that was helpful to clients in counselling. The researchers proposed that financial considerations might be more influential to the experience of counselling than previously recognized.

Unhelpful events in counselling have also emerged as an area of interest in the research literature. In Elliott's (1985) analogue study, undergraduate students participated in a brief, mock counselling session where they were asked to discuss an actual personal concern. The students identified six non-helpful events from the 20-minute session: (a) Misrepresentation, (b) Negative Counsellor Reaction; (c) Unwanted Responsibility, (d) Repetition, (e) Misdirection, and (f) Unwanted Thoughts. To overcome Elliott's limitations of using pseudo-clients and single session encounters, Llewelyn et al., (1988) studied actual clients engaged in different therapeutic treatments (prescriptive and exploratory). The results were similar to Elliott's (1985), although the treatment appeared to mediate the type of hindering aspects that the clients experienced. For example, in the combined treatment group, Unwanted Thoughts was the most salient aspect while in the exploratory group, Unwanted Responsibility and Misdirection were found to be more common. Lietaer (1992) extended the idea of treatment orientation on hindering processes and used client-centered/experiential therapy to examine unhelpful events in counselling. The clients' accounts produced two general clusters: (a) Therapist's Attitude and Interventions (i.e., therapist behaviours and client's negative perceptions of the relationship) and (b) The Client's Process (i.e., client behaviours and negative reactions to the therapeutic process). Overall, the major limitation in these studies was the predetermined use of categories that were created by the investigators. In order to account for this limitation, Paulson, Everall, and Stuart (2001) interviewed clients about unhelpful/hindering aspects of counselling using Trochim's (1989) concept mapping as described above. Hindering statements were generated from these interviews then, a second (unrelated) group of clients was asked to sort and rate the hindering statements that were generated by the first group. The results yielded nine aspects of counselling that clients found unhelpful and/or hindering: (a) Concerns About Vulnerability (e.g., being concerned about confidentiality), (b) Lack of Commitment and Motivation (e.g., not being motivated to attend sessions), (c) Uncertain Expectations (e.g., not feeling ready to open up), (d) Lack of Connection (e.g., difficulty contacting the counsellor, not having enough in depth discussion), (e) Barriers to Feeling Understood (e.g., feeling like part of an assembly line, the counsellor being paid to listen), (f) Structure of Counselling (e.g., not having regular sessions, not having enough sessions), (g) Negative Counsellor Behaviours (e.g., the counsellor not really listening, the counsellor being too directive, the counsellor seeming distant), (h) Insufficient Counsellor Directiveness (e.g., talking about the same thing but not moving forward), and (i) Lack of Responsiveness (e.g., the counsellor was unable to determine what the problem areas were). From their findings, the Paulson et al. suggested that clients are not always open to what is occurring for them during the session. They cautioned that even when the counselling appears to be going well, many aspects of the relationship may be going unaddressed. In sum, a few of their recommendations for therapists included being attentive across all phases of the counselling, responding in ways that open up communication, and maintaining regular feedback to clients throughout the period of counselling.

Some of the specific therapeutic events identified in the literature that contribute to the counselling process include the creation of meaning, attainment of insight, and the use of metaphors. In the creation of meaning (Clarke, 1989, 1991), the client and therapist work to develop a language in order to help clients express what he or she feels. The therapeutic event then becomes a task of constructing meaning from emotionally charged, client experience(s). Creation of meaning is different from insight, as the latter tends to imply that only intellectual processes are involved (Hill &Nutt-William, 2000). Clarke (1991) suggested a three-stage model for the creation of meaning. In the first phase of *specification*, emotional arousal and discrepancy between a cherished belief and experience emerge. In the second phase, *exploration* about the cherished belief occurs including evaluation, hypothesising, and judgement of the long-held belief. The third phase involves *revision* of the cherished belief (i.e., elimination or alteration) where changes are identified to help accommodate the discrepant data. The third phase also involves plans for future behaviour based on the revised belief.

As mentioned above, insight is another specific therapeutic event that has been studied in the psychotherapy process literature. Elliott (1984) suggested that insight involves vision (figurative), connections (e.g., patterns or links), suddenness, and newness. As a result of investigating insight as a therapeutic event, Elliott et al. (1994) developed a five-stage model. In the first phase the client has recently experienced a painful life experience, the client and counsellor have developed a working alliance, and important thematic client information has been revealed. In the second stage the counsellor presents the client with an interpretation about the client's problematic event. The third stage involves initial processing by the client that is brief, unemotional, and generally agrees with the therapist's interpretation. In the fourth stage, insight occurs. It is here where a clear sense of connection to the new information emerges, the client expresses surprise and newness, and this is conveyed to the therapist. The fifth and last stage involves further exploration of the emotional implications of the insight.

Metaphors (e.g. simile, analogy) are another way in which to facilitate clients' expression of themselves and have been deemed important in the psychotherapy process literature (Angus & Rennie, 1988). Angus and Rennie found two patterns for working with metaphors. One pattern is to use a discovery-oriented, collaborative process with the client. During this process both the client and therapist are aware of their own inner experiences and discover their reactions as they speak. The therapist encourages the client to describe the client's experience as fully as possible and then the therapist offers new ways for the client to think about his or her metaphor. The second pattern is in contrast to the first because there is little collaboration and the therapist uses Socratic dialogue to align the client with what the therapist had already decided was "true." This pattern was frequently associated with joint misunderstanding of the meaning of the metaphor and therapists tended to interpret client confusion as resistance. In general, metaphors are thought to assist clients in expressing themselves more fully, which can lead to better communication and more awareness of what the client is feeling (Hill & Nutt-William, 2000). Hill and Nutt-William caution, however, that despite the positive benefits of metaphors to the counselling process, clients can also use them to obscure the therapeutic process (e.g. a client could talk vaguely about her "hang-up" without ever disclosing exactly what she means).

In sum, helpful, unhelpful, and specific therapeutic events have been discussed in relation to the counselling process literature. In the next section, one of the most important aspects of the counselling process is reviewed – the therapeutic alliance.

Therapeutic Alliance

It is well reported in the literature that successful therapy involves the development of a strong therapeutic alliance (Beutler, Machado, Allstetter, Neufeldt, 1994; Horvath & Symonds, 1991; Luborsky, Crits-Christoph, Mintz, & Auerbach, 1988; Orlinsky & Howard, 1986) and it is generally accepted in the counselling profession that this relationship is integral to the process of therapy (Behroozi, 1992). The term alliance (also known as the therapeutic alliance, working alliance, and helping alliance) does not have a universally accepted definition in the literature (Saketopoulou, 1999), but there are similar constructs that are used to describe this special relationship between counsellor and client (Horvath & Bedi, 2002). For example Bordin (1979, 1994) defined the working alliance as three essential components: an interpersonal bond between client and therapist, agreement on the goals of therapy, and collaboration of therapeutic tasks. A particular emphasis on collaboration and consensus (Hatcher, Barends, Hansell, & Gutfreund, 1995; Luborsky, 1976) within the relationship appears to be an important and distinguishing feature of the alliance (Horvath & Bedi, 2002). In consideration of the vast amount of studies dedicated to understanding the therapeutic alliance, Horvath and Bedi constructed this working definition:

> The alliance refers to the quality and strength of the collaboration relationship between client and therapist in therapy. This concept is inclusive of: the positive affective bonds between client and therapist, such as mutual trust, liking, respect, and caring. Alliance also encompasses the more cognitive aspects of the therapy relationship; consensus about and active commitment to, the goals of therapy and to the means by which these goals can be reached. Alliance involves a sense of partnership in therapy between therapist and client, in which each participant is actively committed to their specific and appropriate responsibilities in therapy, and believes that the other is likewise enthusiastically engaged in the process. The alliance is a conscious and purposeful aspect of the relation between therapist and client: It is conscious in the sense that the quality of the alliance is within ready grasp of the participants, and it is purposeful in that it is specific to a context in which there is a therapist or helper who accepts some responsibility for providing psychological assistance to a client or clients. (p. 41)

Researchers have most often studied the therapeutic alliance in relation to outcomes in psychotherapy, but in more recent years the focus has shifted towards understanding mediators of the alliance in therapy. One way in which to understand these mediators is to divide them into four major areas: 1) Client factors, 2) Therapist factors, 3) In-session variables, and 4) Interaction between client and counsellor. These four major areas will serve to guide this literature review of the therapeutic alliance.

In terms of client factors, there are generally two areas of focus in the research (Horvath & Bedi, 2002): (a) experiences, skills, and capacities the client brings to therapy that influences the alliance, and (b) client's in-therapy contributions to the alliance. Regarding the former, there is mixed evidence that severity of the client's disorder significantly impacts the development of the therapeutic alliance. Some reports have demonstrated that poorer alliances are linked with more severely disturbed clients (Gaston, Thompson, Gallager, Cournoyer, & Gagnon, 1998; Yeomans et al., 1994) while other researchers have found very little difference between the level of client impairment and subsequent development of the therapeutic alliance (Orlinsky et al., 1994; Paivo & Bahr, 1998). Further, some researchers suggest that it is more difficult to establish an alliance with individuals who are homeless, "delinquent," drug-dependent, or diagnosed with borderline personality disorder (Barber et al., 1999; Florsheim, Shotorbani, Guest-Warnick, Barratt, & Hwang, 2000; Gunderson, Najavits, Leonhard, Sullivan, & Sabo, 1997; Hersoug, Monsen, Havik, & Hoglend, 2002). Horvath and Bedi (2002) caution, however, that the challenge in developing an alliance with these marginalised and/or personality-disordered populations may be confounded by socio-environmental barriers such as economic, social, health, and legal problems. Researchers have also examined the influence the client's prior relationship experiences, attachment styles, and social skills on the therapeutic alliance. Although the results of these studies are mixed, there is emerging evidence that the quality of the alliance (as reported by the client) is influenced by the quality of his/her attachment style (Eames & Roth, 2000; Hilliard, Henry, & Strupp, 2000; Joyce & Piper, 1998; Ogrodniczuk, Piper, Joyce, & McCallum, 2000; Rubino, Baker, Roth, & Fearon, 2000). In particular, it has been reported that fearful, anxious, dismissive, and preoccupied styles are correlated with poor initial alliances (Eames & Roth, 2000; Ogrodniczuk et al., 2000; Rubino et al., 2000; Tyrrel, Dozier, Teague, & Fallot, 1999) and poor initial alliances have been linked to clients unilaterally terminating therapy (Mohl, Martinez, Ticknor, Huang, & Cordell, 1991; Tracey, 1986).

Moving to therapist contributions to the alliance, there have been a number of elements reported in the literature. Some of the positive contributions include the therapist's capacity to express sensitivity and responsiveness to client's needs (Safran & Muran, 2000; Safran, Muran, Samstag, & Stevens, 2002), maintain open and clear communication (Kolden, 1996; Mohl et al., 1991; Priebe & Gruyters, 1993), understand the client's perspective (Bachelor, 1988; Castonguay & Goldfried, 1994; Diamond, Liddle, Houge, & Dakof, 1999), and individualise the expression of the client's perspective in a way that support and suits the client (Bachelor & Horvath, 1999; Bohart, Elliot, Greenberg, & Watson, 2002). Researchers have also examined the relationship between therapists' training level and the alliance, however, the findings are unclear (Horvath & Bedi, 2002). There are some reports that therapist experience is not positively related to the quality of alliance (e.g., Dunkle & Friedlander, 1996), while others have demonstrated partial support for the findings (Bein et al., 2000; Kivlighan, Patton, & Fotte, 1998; Mallinckrodt & Nelson, 1991). While the level of therapist experience continues to be debated in the literature, there has been increasing agreement about particular therapist behaviours and qualities that have led to poor or deteriorating alliances. Negative contributions to the alliance include therapists who show a "take-charge" attitude too early in therapy (Lichenberg et al., 1988), appear "cold" to clients (Hersoug et al., 2002), offer premature insight and interpretation (Henry & Strupp, 1994), and demonstrate irritability (Sexton, 1996).

In-session variables, such as examining phases across therapy and raters' perspective, have also been studied in relation to the therapeutic alliance. For example, there is well-established evidence in the literature that shows a strong alliance early in therapy is important (e.g., Barber et al., Castonguay, Goldfried, Wiser, Raue, & Hayes, 1996; Gaston et al., 1998, Hersoug et al., 2002; Horvath & Symonds, 1991). What is "early" in the therapy is relative to the total length of time in counselling, but there is a general consensus in the literature that identifies sessions three to five as critical (Horvath & Bedi, 2002). Horvath and Bedi assert that if the alliance has failed to solidify by the fifth session, the potential success of therapy is threatened. There are also findings that indicate alliance strength during the intake or after the first session is a good predictor of unilateral termination by the client (Barber et al., 1999; Mohl et al., 1991). There are some other indications that the possibility of a high alliance early in therapy may be reflective of unrealistically high client expectations, which can lead to negative results and early termination (Florsheim et al., 2000; Joyce & Piper, 1998). To mediate these effects, these researchers suggest that starting the alliance at a lower level and gradually increasing the alliance will have better effects on the psychotherapy process. Other in-session studies demonstrate a poor correlation between the therapist's and the client's ratings of the alliance (Horvath & Symonds, 1991). This disparity between ratings was later applied across different phases of therapy, however, and the results of more recent investigations have shown that clients' and therapists' ratings of the alliance become more similar as therapy progresses (Horvath & Bedi, 2002).

Lastly, interactive elements between client and counsellor have been studied in relation to the therapeutic alliance, particularly the two elements of complementarity and collaboration. Complementarity is the study of competing versus complementing interpersonal behaviours between clients and therapists. There is some empirical support that complementary interactions, as opposed to competing interactions of dominance and control, result in more harmonious verbal transactions (Kiesler & Watkins, 1989; Tracy & Ray, 1984). As well, harmonious and positive moment-to-moment interactions have been linked closely to a good alliance while any negative transaction (negative or hostile affect expressed by client or therapist) has been shown to damage the alliance

(Henry & Strupp, 1994; Svartberg & Stiles, 1994). Similarly, in terms of collaboration, researchers have demonstrated that cooperation and a partnership between therapist and client are critical for the alliance (Horvath & Bedi, 2002; Kowalik, Schiepek, Kumpf, Roberts, & Elbeert, 1997). There is preliminary evidence that links collaboration and cooperation to a better alliance (Tryon & Winograd, 2002); although, a causal relationship is speculative at this point (Horvath & Bedi, 2002).

In summary, the counselling process, in part, is the dynamic interaction of the therapist, the client, therapeutic events, and the therapeutic alliance. Some processes are overt, while others remain hidden, and therefore are more difficult to study. It was the intention of this review to provide the reader with a background of the contemporary issues surrounding the counselling process as well as insight to what occurs during counselling both from client and counsellor perspectives.

Exploring the Gap

The predominant focus in the correctional literature on women in prison has been in attempts to determine ways in which to reduce recidivism. Correctional researchers have suggested that specific techniques and theoretical orientations (i.e., cognitive-behavioural) are more helpful for working with offender populations and that counselling only has a mild effect on reducing recidivism. Despite this information that links counselling and recidivism together, very little is known about the counselling experience of incarcerated women from their own perspective. Specifically, there have been no studies to date that have explored the experience of counselling from the point of view of the incarcerated woman. This lack of information about the counselling experience makes it difficult to understand the entire impact of the programs designed to help incarcerated women. Therefore, as a preliminary attempt to explore the gap between fields, this study will illuminate the psychotherapy experience of women in prison.

Method

Within the social sciences it is generally understood that counselling is an example of the special combination of art and science. Counselling is a process unlike any other, where ideally an empathic and non-judgmental facilitator encourages personal discovery by weaving together a tapestry of struggle, emotion, unanticipated events, and understanding along with another individual. As a similar process, qualitative research has become increasingly important in the social sciences (Marshall & Rossman, 1995), particularly in counselling, given its holistic approach of weaving and understanding personal experience.

Qualitative research best serves issues that are complex, integrated, and dynamic. The approach is exploratory and suited to understanding the process of subjective experience without disturbing too greatly the interaction itself that defines the phenomenon. With qualitative research, the focus is on identifying the meaning of the participants' life experiences (Bogdan & Biklen, 1998). For these reasons, the qualitative approach has been chosen to explore the experience of counselling for incarcerated women. By offering to enter participants' life worlds, rather than imposing the formality of a survey or an experiment, the qualitative researcher has the advantage of accessing the complex meanings for each woman's experience.

The qualitative approach is also uniquely suited to uncover and explore avenues within a prison that perhaps would remain hidden from research that would require multiple studies over many years. Analysis of personal experience is flavoured by layers of social, culture, gender, and class dynamics, which allow qualitative research a richness that does not otherwise occur in other forms of inquiry. In contrast to quantitative research, qualitative approaches demand that the context and corresponding interactions with the environment are included as part of the investigation. It is the goal of this qualitative study to describe the participants' counselling experiences while situated within the prison context.

Bogdan and Biklen (1998) describe five features that define qualitative research. They caution that most qualitative studies do not incorporate all these traits to an equal degree and it is likely that some research studies completely lack one or more of following characteristics. Bogdan and Biklen encourage their readers to consider qualitative research as "a matter of degree" (p. 4) rather than trying to determine whether a piece of research is absolutely qualitative or not. Below is a summary of the characteristics that they believe define qualitative research (p. 4-7):

1. Naturalistic. The data is usually collected on location in the participants' setting(s) and the researcher is the key instrument of collection. The issue of *context* is essential to understanding action and experience.
2. Descriptive Data. The data collected from the participants is usually in the form of words or pictures. The written results of qualitative research typically use direct quotations from the participants to support the data. Sensitivity to the written word is paramount in qualitative research. The researcher attempts to describe the data with the assumption that "nothing is trivial" (p. 6).
3. Concern with Process. Qualitative researchers are more concerned with processes than outcomes. Typically, research questions in qualitative inquiry

begin with "How" or "What" to describe some process or way through understanding. In contrast, quantitative methods tend ask the question "Why," compare groups, and focus on outcomes that utilise statistics and other measurement strategies to examine a final product.

4. Inductive. Qualitative researchers tend to use inductive analysis by gathering the particulars and grouping them together. Qualitative researchers do not set out to prove or disprove hypotheses prior to undertaking their studies. Instead they are flexible in their data collection and analyses, and they use the study, "to learn what the important questions are" (p. 7).
5. Meaning. Qualitative researchers are interested in how people make sense of their lives. Understanding the meaning of each participant's experience is essential. Qualitative researchers are dedicated to "capturing perspectives accurately" (p. 7).

Design flexibility is another important characteristic of qualitative research as described by Patton (1990). He recommends that the qualitative researcher should be open to adapting the inquiry as the researcher's understanding deepens and/or when situations change. He cautions qualitative researchers to not become locked into rigid designs that eliminate responsiveness. Further, Patton encourages the researcher to pursuer new paths of discovery as they emerge.

I chose to use a qualitative approach informed by phenomenology and narrative inquiry in order to understand the experience of counselling for women in prison. I have chosen this approach because I believe it is the best way to address the research question, "What is the experience of counselling for women in prison?" By using aspects of phenomenology, I am able to study each woman's experience of counselling while also describing a shared experience of the phenomenon. By using narrative inquiry I am able to focus on the participants' personal experiences and, "describe such lives, collect and tell stories of them, and write narratives of experience" (Clandinin & Connelly, 1994, p. 416). Below, I describe the underpinnings of phenomenology and narrative inquiry, in order to provide the reader with context regarding the qualitative approach that I have chosen.

Within the epistemological framework of phenomenology, it is understood that reality is subjectively created by the participant. In contrast to natural science where its search focuses on objective reality, the phenomenological approach proposes that both the participant and his or her world are active in the process of creating meaning within a social context. That is, in phenomenology the person and his or her own world are believed to "co-constitute" one another (Valle & King, 1978). Furthermore, Valle and King suggest that the person's reality is only true within the context of the world and vice versa. The meaning of reality is subjective and constructed through the person's interpretation and interaction with others in a particular context (Bogdan & Biklen, 1998). Therefore, if the context of the person's situation changes, then so does the meaning and experience of the person's reality. As such, Valle and King term this interdependence as "being-in-the-world" rather than merely "being."

The study of phenomenology strives to understand the participant's personal world and his or her consciousness of it. That is, the process of phenomenological inquiry endeavours to interpret the personal meaning that is created from individuals' awareness of their interaction between themselves and their world. Ideally, this awareness, which can occur on many levels, (e.g., awareness of internal experiences to awareness of external objects in the world), will lead to an understanding of personal experience.

Integral to the process of phenomenology is the use of participant's first person descriptions in order to understand personal meaning. According to Giorgi (1986), the descriptive approach is used to gain understanding of a given experience to illustrate meaning. Therefore, phenomenological research has traditionally depended on the participant's natural language to delve into his or her life-world. As such, words and sentences become the necessary vehicles in which to convey experience. Polkinghorne (1989) stated that the phenomenological inquiry is complete when the reader comes away with a feeling that they better understand what it is like for someone to experience the phenomenon that was under investigation.

Clandinin and Connelly (1994) define narrative as both a phenomenon and method. As a phenomenon, narrative is the experience to be studied, and as a method it is the patterns of inquiry. To hone their description they use the device of calling the phenomenon *story* and the inquiry *narrative* (p. 416). Understanding personal experience is the ultimate focus of narrative. Clandinin and Connelly argue the importance of studying personal experience because "people by nature lead storied lives and tell stories of those lives . . ." (p. 416). They assert that listening and studying other people's stories is an opportunity to educate one's self and others, including those who are new to the community of stories being told.

Upon entering the field, it is important that the researcher enters with his or her own story while at the same time the participants are entering in the midst of their own living story (Clandinin & Connelly, 2000). Narrative inquiry embodies the merging of storied lives. It is paramount, however, that the researcher listens to the participants' stories first (Connelly & Clandinin, 1990) in order to give time and space for them to tell their stories and gain "the authority and validity that the research story has long had" (p. 4).

Drawing largely on their foremost influence of Dewey (1934, 1938), Clandinin and Connelly (2000) describe how narrative inquiry occurs within a three-dimensional space of interaction (personal and social), continuity (past, present, and future), and situation (place). Along their metaphorical three-dimensional narrative inquiry space, Clandinin and Connelly state that, "any particular inquiry is defined by this three-dimensional space: studies have temporal dimensions and address temporal matters; they focus on the personal and the social in a balance appropriate to the inquiry; and they occur in specific places or sequences of places" (p. 50). This three-dimensional space helps the researcher look at different aspects of the story under inquiry. The challenge for the researcher is to consider each of these dimensions at the same time while discovering and constructing the meaning of the *field texts*[2]. Connelly and Clandinin (1990) describe many forms of field texts that include, but are not limited to, observational notes, journal records, interviews, storytelling, letter writing, class plans, newsletters, and autobiographical writing.

Clandinin and Connelly (2000) describe the process of moving from field text to research text. While the former is largely descriptive and formed around particular events, the latter is at a distance from the field text and looks for, "the patterns, narrative threads, tensions, and themes either within or across an individual's experience and in the social setting" (p. 132). The authors caution that the process of moving from field to research text is not linear; instead the analysis and interpretation involves seemingly never-ending revisions and adjustments to the plotlines and story, of course in a collaborative fashion with the participants. In their own experience, Clandinin and Connelly describe how they frequently engaged in interim texts that were, "situated in the spaces between field texts and final, published research texts" (p. 133). These interim texts allowed them to move between the spaces of narrative inquiry prior to producing a final written research text. Once the field texts and/or interim texts are analysed for the aforementioned patterns, narrative threads, tensions, and themes, the research text is created.

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[2] The term field text is a substitute for what is commonly referred to as data. Clandinin and Connelly (2000) acknowledge that field texts are not merely raw data but they, "are created, neither found nor discovered, by participants and researchers in order to represent aspects of field experience" (p. 92).

In this section I described the major characteristics of qualitative research along with the rationale for choosing this approach to explore the experience of counselling for women in prison. I also described influential aspects of phenomenology and narrative inquiry that served to guide this study. In this next section I describe the rationale and approach that I took to exploring my own personal biases and influences that had bearing on this investigation.

The researcher's presence in the lives of the participants is fundamental to the qualitative paradigm (Marshall & Rossman, 1995). Essentially, the researcher is the instrument of collection, analysis, and interpretation, which invites a range of issues into the design. Some of these issues are strategic, such as negotiating entry into the field, and others are more interpersonal in nature, such as the researcher's ability to establish trust, rapport, norms of reciprocity, and to acknowledge personal assumptions that may affect how the phenomenon is investigated. This latter concern is notably paramount in the qualitative design because, as previously mentioned, the researcher must be critically open to the experience of the participant in order to uncover the participant's story. This practice of self-examination is to make clear any presuppositions or attitudes that the researcher possesses towards the phenomenon being studied. In some forms of research, the researcher strives to be free of any bias in order to understand the phenomenon as expressed by the participant. However, the implausibility of this occurring is substantial given the influence of the researcher's own socialisation and interpretation of his or her world. Thus, the alternative is for the researcher to engage in an earnest attempt to acknowledge his or her natural attitude so that the researcher's assumptions are as clear as possible to his or herself (Valle & King, 1978).

Outlining My Presuppositions

Prior to engaging in this project, I reflected on how I became interested in women's experiences of counselling while they were incarcerated. My curiosity started long before I entered the counselling arena, back when I was a probation officer for the provincial government of Alberta. Part of my duties involved referring clients on my supervision caseload to counselling and such programs as Anger Management and Domestic Violence groups. As I sent them on their way, with instructions to sign all waivers of confidentiality, I suspected that this counselling was going to be a waste of time. I figured that if they really thought they had a problem they probably would have sought out counselling on their own long before being mandated by the Court. I also thought that with mandating counselling and their waiver to confidentiality, aiming for therapeutic success was a shot in the dark. My assumptions were both naïve and uninformed. I was strictly going on my gut instinct – and perhaps the common belief that nothing works with offenders.

A few years later I quit my job to become a graduate student. I still had close connections to the criminal justice system and thought it might be a worthwhile endeavour to consider working with people in prison. While learning about counselling theory and assessment I tried to determine how my learning would apply to working with diverse populations. This was a thread of curiosity that continued to weave throughout all my practica and field placements. Could therapy really work with people in conflict with the law?

In my first year as a doctoral student I was given a chance to answer my own question. I spent every Friday for one year at the Edmonton Institution for Women (EIFW), a federal prison that eventually employed me as a psychologist 4 years later. As a counselling student I became caught up in the lives of these women. I spent hours with each of my clients listening to their stories unfold and encouraging them along the way. There were a lot of tears and tragedy. I could not help but be affected by their stories. At one point I came to the conclusion that Life does not start at Square One for everybody. Some are already 10 steps behind before they're even out of the womb. My clients came to me carrying generations of problems on their backs. Cycles of violence, drinking, abuse, and stress hung heavy on the walls. So with stars in my eyes, I sat down with clients each week and attempted to help them change. At first I thought that I was really making an impact. Clients would journal for me and write incredible narratives about strength and adversity. I would celebrate when one stood up for herself in the Yard, or when another finally said "No" to someone who was bothering her. Then the illusion vanished when I started to see some of my clients rotate through the doors. I became sceptical of my own work. If I was helping so much, why were they coming back?

Another nagging question that surfaced from my first experience of counselling women in prison was to do with my own heritage. My racial identity has always been something of a question mark. I look on the verge of being "ethnic" but people usually cannot place where I am from. The truth is that I am of Aboriginal and European descent. My mother is Métis and my father is from British-German heritage. This combination gives me the dark hair and eyes of an Aboriginal with the pale skin of my European ancestors. What is even more curious than my outward appearance, however, is my internal identity. In short, I do not have familial ties to my Métis heritage. My mother was removed from her family by the government as an infant and was adopted into a Scottish-Canadian home when she was 10 years old. As a result, this absence of connection to her biological family bared little ramifications for me as a child and it was not until I started working with other Aboriginal women that the issue became more salient in my consciousness.

Upon great reflection while engaging in this research and my ongoing clinical work with Aboriginal women in prison, I have come to understand that I have a strong desire to give them a voice. It is a sense of responsibility that I have to our shared ancestry and gender. Fortunately, I am in a privileged position to let their voices be heard. I imagine that somewhere along the lines in our six degrees of separation, I am working with my relatives. It is not so much a curiosity that draws me to their experiences as it is an attempt to understand my own identity along with a profound respect for Aboriginal culture and way of life. Admittedly, I do not know exactly what effect my heritage has on each relationship I make, but whenever I disclose to a client that I, too, have an Aboriginal background I sense an ease about the room.

A few years after my initial entry into the prison world, I prepared to address some of my questions about counselling again. I needed a dissertation topic and the doubts were still nagging around in my head about the effectiveness of counselling in prison. Is it useful or a waste of time? In keeping with my recent experience, I decided to study women in prison. As I started my initial search in the psychology literature, I was surprised to find how little information was available on the topic. What I did find was expert-driven studies that classified and diagnosed women to their core. I figured there must be another way. I could not understand how my previous clients were being represented as an assemblage of numbers and scores. The statistics were not encouraging. My decision was easy. Instead of trying to figure out prison counselling from an outsider's point of view, I decided to ask the women first hand. Surely they could tell me about what counselling is like for them. I might as well hear it straight from the source. Perhaps I would get a different perspective. I think I did.

As I listened to the women's stories unfold during the research it was easy to recognise one of my strongest biases. I believe that incarcerated women struggle with the label and stigma that they have received on account of being convicted in the court of law. I do not endorse lawbreaking, nor do I believe that persons who break the law should go free of their crime. What has been my experience, however, is that within the label of "inmate" or "criminal," the credibility of fundamental human qualities such as emotional experience and the need for human connection are superseded by society's judgement of being a "bad woman." Societal agents, such as the media, are partly responsible for generating dichotomous categories of "us" and "them," which in turn, engenders value-laden terms and psychological distancing through a hierarchy of power. I believe this is a significant contributor to why women have often been a correctional afterthought.

I also believe that unfair judgements are often placed on these women's shoulders about their ability to be genuine and truthful. I believe that a sentence of imprisonment does not condemn them to a life of dishonesty by default. Drawing from my experience as a psychologist in a federal institution, I believe that if I carried society's judgements into the research sessions, women would not have shared freely and earnestly their fears, regrets, and hopes for their lives. Therefore, congruent with a therapeutic stance, I believe that as a researcher, it is of paramount importance that I also remain open and non-judgmental of their experience. If I were to doubt the participants' description of their experience, I would be contradicting the principles of the research that are guiding this study.

On a related note, I believe that there is opposition to being non-judgmental with offenders because society fears that compassion and understanding will somehow undercut the offenders' responsibility for their crimes. Therefore, it is my sense that society tends to judge the offender in attempts to lobby for accountability and justify sending "bad" people to prison. However, I argue that it is possible to practice a non-judgmental stance while concurrently valuing the credos of accountability. I believe that one does not preclude the other. Instead I believe that therapists and researchers alike can employ both practices to facilitate counselling for people in conflict with the law.

Accepting the behaviour and promoting responsibility is a balance that can occur within the context of counselling in prison. It takes time, self-reflection, and skill as a therapist, but I believe it is possible.

As the study continued I reflected on how therapists can create a hierarchy between themselves and the client by ignoring the power differential that exists in the therapeutic relationship. The therapist has the power to label the client "difficult" or "resistant," which in turn can considerably affect their perception of the client and how therapy is to proceed. I believe that when the therapist engages in this labelling, it is necessary for the therapist to reflect on how he or she is contributing to the "resistance." I also believe that therapy with incarcerated clients can be successful. However, the success can not be measured by the same qualities that are used with less marginalised clients in the community. Progress is possible, but it may be more subtle. Sometimes a simple willingness to engage in therapy can be the greatest sign of progress.

It is my understanding that both the counsellor and the client construct the counselling experience. Both are able to stall the process and, alternatively, promote its growth. I acknowledge that the relationship is integral for the process to occur. I often consider that the counselling relationship is like a dance. It is negotiated by a process of following and leading, listening to the subtleties and refrains of a conversation, and attending to the non-verbal behaviours. As with dance partners, sometimes there is a connection and sometimes not. Without the partnership, counselling is likely to fall flat.

Even before starting this study, I have believed that counselling in prison can be both helpful and hindering. When it flows smoothly, the walls around the prison seemingly fade into the background and the process is unencumbered. Some clients are able to take a private look at themselves and search for their identity. Others have the opportunity to acknowledge aspects of their life that they have pushed away for so many years. They have the opportunity to practice new behaviours that may seem silly or uncomfortable at first, but at least it's only them and the counsellor in the room. Nobody is going to laugh at them then. On the other hand, when the prison interferes with the counselling process, it can be ugly. Things that clients do and say, even within the therapy room, are liable to scrutiny and possible security measures. The minimal amount of confidentiality can leave a woman feeling exposed and powerless to the information that gets passed back and forth. Going to psychology and bearing one's soul to staff is counter to the prison norms. While some incarcerated women do not care, many are vulnerable to the hidden society that exists in prison, which is rarely observable to those who are not residents on the inside. For these reasons, I understand the counselling process is likely limited in prison. Nonetheless, I still believe it is worthwhile and important to offer.

For me, I cannot measure therapeutic success against recidivism statistics alone. However unpopular a comment that might be, I am wary to consider that the final measure of success is whether the offender re-offends or not. There are so many nuances and factors in all of our lives that have the potential to affect our own outcomes. Some people marry, some do not. Some people start and finish a

Ph.D. program and some do not. Personally, I cannot ignore that my success (or lack of success) is completely all my own doing. Opportunity, timing, luck, and risk are as much as part of success as deliberate choice. Success is also contextually constructed on the basis of what you and others value. If we value the same ideal, that idea becomes the norm that defines success. If our definitions differ, it's usually those with money, power, and prestige who illustrate the meaning of success. Simply I am proposing that the definition and measure of what is successful can emerge both internally and externally, from the person and from society. Consequently, for these women, I acknowledge that recidivism only tells part of the story.

I also believe that therapeutic success for women in prison can occur in an instant just as it can many years later. What I'm learning is that moments in therapy have the potential to continue well after the last session ends and we say good-bye. As you, the reader, will hear in the seven participants' stories, the impact of a session can last a lifetime and therapeutic moments can be revived in another round of therapy; years later it is possible for our clients to finally understand what the heck we were talking about after we are long gone. In the end, though, I think that the client's internal measure of success is at least as equally important as any external standard. Clients will know when they have changed or not. It's the politicians, researchers, and other important administrators who are kept busy with trying to find ways in how to measure it.

Lastly, I do not believe that objective research is the golden standard. More specifically I believe that there is intrinsic value in studying the subjective experience. As I was driving home on June 23, 2004, I found myself listening to CBC's Peter Brown describe the media frenzy over today's contemporary documentaries. I was struck by the similarity between his description of filmmakers' processes and those of a qualitative researcher. Brown and a guest filmmaker were discussing the importance of subjectivity in such documentaries as Canne's 2004 Palm D'Or winner Michael Moore and his Fahrenheit 9/11 or SuperSize Me, a subjective approach to studying the ill effects of consuming a month's worth of meals at McDonalds™. The discussion turned to the overwhelming reaction of the public who could identify with the "average Joe" and his struggles in mass market America. It is obvious that filmmakers, such as Moore, have a bias and that this bias inextricably shaped the film. Brown's guest agreed and argued that any truth is "up for sale" in the media and therefore spoke of the importance of the filmmaker to leave an "audit trail" (his words, not mine). This idea of exposing the researcher's path to inquiry is a concept very familiar to qualitative researchers who are also invested in the subjective experience. Brown and his guest agreed that the audit trail allows the audience to follow the film, just as in qualitative research, displaying the research biases and analysis process. The conclusion of the discussion was that there is an emerging worth in studying the subjective experience that is finding a way into research and mainstream society. Objectivity in both arenas is becoming less privileged in favour of stories from everyday life, seen through the eyes of everyday people. I similarly believe that subjectivity is gaining wider acceptance as an important way to contribute to the generation of knowledge and understanding each other and ourselves. Similar to a filmmaker, I consider myself a conduit to telling the story of seven imprisoned women. My own audit trail is provided here and throughout the remainder of this paper, for the purposes of demonstrating rigorous research and to help confirm its trustworthiness.

Recruiting Participants

Participants were recruited from a minimum-medium security prison in the province of Alberta. Ethical approval for this study was obtained from the Department of Educational Psychology at the University of Alberta and the Solicitor General of Alberta, Corrections Services Division. Subsequent to ethical approval, a contract with the Solicitor General was signed, outlining the specifics of the research study. Please see the section "Navigating Prison" for more in-depth discussion of my entry into the prison world.

Initially, six orientation sessions were offered to small groups of women in the prison. These sessions were held in a closed room located directly on the women's unit, hereafter referred to as "the Unit." During these sessions, I described my work and attempted to dispel any concerns that the women had about participating in the research. I addressed general ethical issues of the study, e.g., informed consent, confidentiality, as well as specific issues related to incarceration, e.g., they would receive neither sanction nor commendation from the correctional facility for their participation. As much as possible, the study was described as independent from correctional administration in order to reduce fears of punitive action, alleviate a sense of pressure, and curtail the belief that the women were going to receive institutional benefits from their participation. Upon the suggestion and approval of the granting institution, some refreshments were offered during the orientation sessions.

During the orientation session, each potential participant received a written description of the study with a tear away section at the bottom of the page (see Appendix A). At the end of each orientation session, all of the women completed the bottom portion of this form, indicating their level of interest in the study. I ensured that all of the women returned this bottom portion to me regardless of their interest so as to not single out any one individual.

With each of the women who expressed further interest in the study, preliminary individual meetings were held that lasted approximately 20 to 45 minutes. In these meetings I explored the extent of each woman's experience of counselling. We also discussed practical considerations, such as the length of her sentence and whether she would be available for a series of interviews for the next four months. From these meetings, seven participants were asked to engage in a further interview, at their convenience, to discuss the research process and complete the relevant documentation. These participants were selected on the basis of their responses, which indicated participation in counselling.

It should be noted that often in qualitative research approaches, there is not a required number of participants for a study. Instead, it is the researcher's discretion as to how many participants he or she feels is necessary in order to illuminate the phenomenon being investigated (Becker, 1986; Wertz, 1984). For this study, seven participants were considered adequate in achieving the goal of illumination.

Description of Data Collection Process

In this study, the data were collected through a series of researcher – participant interviews. I carried out multiple, in-person interviews for two reasons. First, engaging each participant in a verbal interview allowed for the detection of non-verbal cues such as rate of speech, body posture and eye contact that provide a richer context to the data than simply having the participants describe their experience on paper. Second, the multiple interviews provided the opportunity to ask the participants for elaboration in areas that were missed or that needed clarification. With regards to the process of collecting the data, three interviews were used.

The Structuring Interview

In this interview, the objective was to build rapport with the participants individually and to provide each participant with a forum to discuss any questions that she had. During this informal meeting, my interest in the study was discussed again, and each participant was advised that this project was the fulfillment of a partial requirement for a Doctor of Philosophy degree. Also, each participant was provided with a consent form (Appendix B), which each signed, and the issues of confidentiality and permission to withdraw without prejudice were explained. This initial interview also provided an opportunity to evaluate each potential participant's ability to describe their experience in counselling.

The Data Gathering Interview

During this phase of the interview process the data were gathered regarding each participant's experience of counselling. This interview was scheduled separately from the Structuring Interview and typically occurred within one to four week(s) after our first individual meeting. The interview was held in a private room within the institution. Generally the interview space was free of distractions for the duration of the interview except when announcements were paged on the centre-wide broadcast system. During these times the conversations were briefly paused in order to let the announcement pass. During this meeting, an interview schedule was used (Appendix C). However, the questions were open-ended in nature, which allowed free expression of thoughts, and minimised any influence that dichotomous or closed questions would create. This semi-structured interview process is common in qualitative research and provides the researcher opportunity to focus on particular topics while still having considerable latitude to explore the participant's individual experience (Bogdan & Biklen, 1998).

Before starting the interview, time was given to settle the participant by creating rapport and an environment conducive to sharing. This included asking each participant about any further questions, and to assure her that there were no "right" or "wrong" answers. During the interview, I referred both to the guide of questions (Appendix C), and to the conversation itself. At times, elaboration was requested or further questions were used when the participant's expression was unclear or it appeared that further discussion was necessary. Asking for clarification and providing elaboration probes are common interviewing techniques that allow the qualitative researcher to deepen the participant's response(s) (Patton, 1990) in order to gain better understanding of what the participant is saying.

This second set of individual meetings lasted approximately 67 to 126 minutes. The interview ended when the participant began to repeat herself, the interview guide had been exhausted, and it was felt that the participant's experience had been well captured (Becker, 1986). These interviews were tape recorded and later transcribed verbatim.

The Corroborative Interview

In this last stage of the data collection process, each of the participants was contacted in person or through the mail and advised that the description of her overall experience was complete. Five participants were then seen through in-person interviews and two participants corresponded by mail as they had already been released from prison at the time the descriptions were finished. Each in-person interview lasted roughly 30 to 45 minutes. During this time, the participants were invited to give feedback and check to see if there was any information that they wished to have withheld. The participants were also asked to comment on whether any part of their experience was not reflected in the description. As a result of this interview, minor changes suggested by the participants were incorporated into the narratives to more clearly reflect their experience. For the two participants who corresponded by mail, similar procedures took place (please refer to Appendices D, E, and F). Again, they were asked to comment on their description, check for any discrepancies, violations of confidentiality, etc., and their comments were also incorporated into the final individual description. One of these two participants encouraged me to contact her by telephone afterwards just to touch base and to express her appreciation in being involved in the study. After the individual descriptions were finalised, each participant was able to witness the destruction of her audio tape as per the contractual agreement with the Solicitor General, Correctional Service Division.

Description of Data Analysis Process

During this phase a number of steps were followed in order to produce the individual and shared stories of the participants' experiences of counselling. Methods were selected from Colaizzi (1978), Osborne (1990), and Clandinin and Connelly (1994, 2000). From the data analysis, the stories of the women's individual and shared experiences emerged. Patterns, narrative threads, tensions, and themes (Clandinin & Connelly, 1994, p. 423) were followed to produce the written research text of the participants' stories. This integrated method is described below.

1. The data gathering interview was tape recorded and transcribed. Attention was paid to the participant's rate of speech, and tone of voice, including special attention to emphasis on particular words and phrases.
2. Upon transcription the final product, also known as the protocol, was read several times to get a feel for the overall understanding of each participant's experience. During this time notes were made next to any of the participants' statements that appeared relevant or interesting in regards to their experience of counselling. Some of the notes contained vague interpretations, others

included associations of thought, and others involved brief summaries of their dialogue.

3. Next, phrases or statements that seemed meaningful to the phenomenon being studied were extracted from the individual protocols. It is here where the researcher makes a leap from what is being said to what the participant means (Colaizzi, 1978, p. 59).
4. Upon extraction, each of the "significant statements" was paraphrased while carefully remaining consistent with the individual protocols. This step, as described by Osborne (1990), allowed me to focus and refine the statement into typically fewer and more precise words than what are contained in the protocols.
5. A theme (or themes) was then created on the basis of each significant statement. This process of interpretation creates first order themes, in which Colaizzi (1978) referred to as "creative insight," whereby the researcher moves beyond the protocol and creates meaning in what the participant has said (p. 59). In this step I oscillated between the protocol and the first order theme in such a way as to not include any meaning that was not evident in the protocol. I attempted to build in validity, (if such a term can be used in qualitative research), by checking to confirm that the first order theme means no more or no less than the original. It is important in this step not to "sever all connection with the original protocols" (p. 59).
6. The next step was to create higher themes of abstraction (second order themes), by organising the first order themes into clusters of similarity. Again

these second order themes were referred back to the original protocol in order to determine if they lost any meaning or moved too far beyond what was implied in the original protocol.

7. Taking into consideration both the first and second order themes, a story was written about each participant's experience. This description was written in order to tell the story of counselling for each participant. To this point, the analysis involving each participant's experience is referred to as the "within-persons analysis" (Osborne, 1990).
8. In order to be true to the participant's storied experience, the description was taken back to the participant and she was asked for her comments. This was completed in the corroborative interview, and adjustments were discussed and incorporated into the final description.
9. After each individual story was written, I then went back to the higher order themes and reorganised them to create broad themes of a shared experience among the seven participants. Each theme was analysed for similarities and differences and then clustered into third ordered themes. Upon this final clustering, each of the new themes was taken back to the original transcript and compared for accuracy. Then, the integrated description was written from these third ordered themes. It is this integrated, or shared, description that is the final piece of this investigation. It is here where the shared story is revealed, without referring to the specific story of any one of the participants' experiences.

10. The shared themes were then clustered into further abstractions in order to organise the discussion of the findings. This is the highest level of abstraction and is considered to be the "between-persons analysis" (Osborne, 1990).

Navigating Prison: The Researcher's Perspective

Clandinin and Connelly (2000) describe the importance of the researcher's voice within narrative inquiry. In one of their earlier works of writing they stated, "we found that merely listening, recording, and fostering participant story telling was both impossible . . . and unsatisfying. We learned that we, too, needed to tell our stories" (Connelly & Clandinin, 1990, p. 12). Echoing their sentiments, I found myself with a strong desire to share parts of my own story as part of the research experience. By including my narrative of obtaining entry into the participants' world, I hope to offer an enlightening description of the complex world of prison that is predominately invisible to persons on the "outside." This section provides details about my process as a researcher and the strategies I used to gain permission and acceptance to undertake this study, both from the perspective of the institution as well as from the individual women themselves. By sharing my experience of negotiation into this world, I also hope to highlight the collaborative nature of relationships that guided this study.

First, I must say it was not easy getting permission for this study. The study required ethical approval from both my university as well as the granting correctional centre. The latter meant detailing my intentions through long and cumbersome applications, which carefully outlined my plans to conduct research in their institution. I had to petition both the prison itself and the Department of the Solicitor General within the provincial government. Long after my university had approved this study, there were several meetings, phone calls, and faxes sent back and forth amongst various government officials. The process of obtaining provincial approval took five months to complete. During each contact I had to carefully assuage any concerns that my study was not a program evaluation. I could only imagine the fretting that occurred when my proposal was read behind closed doors. I speculated that they were concerned that I would potentially defame the government through my study. At one point I seriously contemplated scrapping the entire research and finding something easier to pursue. In the end, however, I persisted by jumping through the many hoops that were placed in front of me. I had been well prepared by my preceding graduate work. When I was granted approval it was my first major sense of relief. I could study what I believed was important and somebody else thought it was important too.

While being put through my paces by the bureaucracy, I also spent time familiarising myself with the institution. This time was invaluable because I was able to orient myself to points of access and the persons and practices that would later become important gatekeepers. I was incredibly thankful to have one particular staff person who gave me his highest level of support during my time at the prison. Without his help, this study would have never occurred. He was instrumental in organising my physical access along with vouching for me (and the study) to other staff members, including guards and administrators alike. His enthusiasm was invaluable and moreover he taught me how to best gain entry without ruffling too many feathers. Throughout my process he smoothed the way with staff who allowed me access into areas that would have otherwise been difficult to enter.

Upon arrival at the prison I was required to sign my name in the registry, state my purpose, and verify my identity. Each time I was on site I was required to wear an ID tag bearing my picture. This allowed me to move through air-locked doors (controlled by guards) and about the institution. After I entered the lobby, I passed through a metal detector and series of portals. It was a time consuming process waiting for each door to close before the next one could open. The sound of these metal doors slamming shut was unforgettable. Despite the precision of the system, sometimes the "swoosh" of the releasing air-lock would not occur. In these instances there was an electronic call button adjacent to the door and etiquette suggested I wait approximately 30 seconds before pressing it. I often watched more impatient staff ring the bell immediately upon their arrival but I never became comfortable enough to ask for immediate entry. More often I chose to stand silent in a vestibule hoping that somebody would eventually notice me on the closed-circuit monitor. Sometimes I would try and catch their attention by subtly shifting in front of the camera. I never really knew if it actually worked.

The entry process was not fail-safe, however, and on more than a few occasions I was asked to produce secondary ID by guards unfamiliar with my presence. Patience and a smile go a long way. Prison operates on its own time and there was no point in becoming frustrated with the extra steps that were necessary to prove that I had legitimate business at the prison. I was on their turf; therefore, I was subject to their rules. Eventually, as more people became familiar with my presence, I encountered fewer staff that afforded me this ritual. Once I was recognised, staff would attempt to make my passage easier particularly when we were moving amongst large groups of residents (usually male) who were milling about the grounds. Oftentimes the staff would demand that residents move out of my way in order to let me pass. I felt a shameful sense of superiority when this happened. I also felt twenty sets of eyes watch me as I walked by. It was like the lone female walking across a construction site. I tried to look unruffled but I'm pretty sure it did not work. The experience, although repeated many times, never became comfortable.

By simply being on site, I also learned the optimal times to interview the women. Prison schedules operate like clockwork and there are better times than others to come waltzing in with a tape recorder. Because I was still trying to finish my internship, I did not have much time during the day to travel out of town to the prison. Therefore, I thought that it would be efficient to interview on evenings and weekends. I could not have been more wrong. I learned that evening staff are less accustomed to having strangers on site and my attempts to gain entry after hours caused consternation. During one particular attempt I recalled waiting endlessly at the front gates of the prison, crouched on my backpack, for the meal line to finish so a staff person could grant me entry. Once the staff person arrived, I was refused access because I was bringing a tape recorder into the institution. Suddenly numerous high ranking staff appeared and, despite the staff being unfailingly polite, my tape recorder had panicked everyone. It had already been pre-approved but there was no paperwork available to support my claim. I was sent packing home on the highway without a single word recorded. I learned to pre-organise my arrival each and every time after that incident. I kept a copy of my official paperwork close by too.

Once gaining entry had been ironed out, I started spending time directly on the Women's Unit. As I entered the building, what struck me immediately was the buzz of the activity. The physical environment was broken into two levels, with cell doors that ran the length of each tier. A central staircase connected the levels and women were admonished for loitering on these stairs. They tried anyhow. There was also a bank of public telephones that could be turned off and on by the guards. Two glassed-in common rooms held a scatter of tables, chairs, and one television each, which were also controlled by staff. Open common areas were found at each end of the Unit where women could congregate around tables and throw out comments to others as they passed. In the main area on the first floor, guards sat behind a panel of buttons, telephones, and monitors, which were all connected to different areas on the Unit. Each woman's cell door was air-locked and could only be opened by a guard who pressed a button on the control panel. The women could not enter their cells by themselves. Instead each resident had to call out her cell number loudly enough so her request would surpass the din and reach a guard at the main panel. The guard acknowledged each call by depressing the associated button to the cell door. This procedure resulted in a steady string of numbers being shouted, seemingly out of nowhere from all locations on the Unit. The constant stream of noise was something to get used to.

Segregation cells for the women were also held directly on the Unit. These cells were outfitted with cameras and a cot that was bolted directly to the wall.

Women in segregation had to wear special clothing, which made them readily identifiable when they were led out to take showers and use the bathrooms in the main area of the Unit. It reminded me of Nathaniel Hawthorne's *The Scarlet Letter* (1965) whereby the segregated wore their punishment not only on their sleeve, but it was their entire jump-suit. It was not uncommon to see these segregated women attempt to communicate with the general population women, in hopes of obtaining cigarettes and other favours from friends. It was a constant cat-and-mouse game between guards, residents, and the flow of contraband.

Staff on the Unit were helpful despite most being unfamiliar with my presence. I found the process was smoothest when I took the time to briefly explain my study with each new person I met, including the chain of approval that I had received to conduct the research. A little explanation went a long way. On the times I was stuck waiting on the Unit, I took the opportunity to strike up a casual conversation with some of the guards. The vast majority gave thoughtful summaries of the women and their histories, including the gross impact of addictions on their charges. The guards were also interested in hearing about my experiences of working in a federal institution and my understanding of women in prison. During these spontaneous discussions I also strategically reassured the staff that I was not there to discredit them or their work in any way. These casual conversations eventually led to obtaining quicker access to the women and the Unit, including the use of premium office space that was housed adjacent to the main panel.

The process of soliciting participants for the study was slow at first. Women were curious enough to see my face on the Unit, but initially they were guarded in their interactions. Later some of the women confided in me that they were afraid I was going to "pick them apart" or "take them away" (to a psychiatric facility). I was often asked if I worked at the prison or if I was from the Elizabeth Fry Society. Many were also curious about the clothes I was wearing and my personal background. I answered all of their questions with responses that were appropriate for the situation while at the same time I tried to build some trust amongst the women. Once the group orientation sessions started, a couple of residents pulled me aside early on and informed me of particularly bad times in the schedule when women would otherwise be predisposed with recreation, personal phone calls, etc. By heeding their advice, my group sessions tripled in attendance. The word had also spread amongst the women themselves that I was non-threatening. Much later, one of the participants told me that she was too afraid to volunteer at first. It was not until she spoke to the other women who vouched for my project and me (which I did not solicit) that she decided to participate. Two months after attending a group session, she put in a request and asked to be part of the study.

As time went on, the group sessions became more relaxed. I realised that it was necessary for me to explain the differences between psychology and psychiatry before introducing the women to the idea of research. Similar to what I have experienced in the general population, most of the women had inaccurate and preconceived ideas about psychology; therefore, I spent a notable amount of time normalising the practice of psychology. The information I provided also proved to "warm up the crowd" so to speak. I also spent time acknowledging their feelings about participating and I calmed their fears about being interrogated. Once they realised that the study was their opportunity to share their story, they were visibly relaxed. I recalled talking to one particular group about the value that each person had to potentially contribute and one woman jokingly said, "Don't you know once you're in prison you become an idiot?!" The comment received laughs all around the room but the implication was serious. It took some time before they truly believed what I was offering. When they understood that I was serious about letting them speak about their own experiences I had many women coming up to me afterwards thanking me for doing the study, shaking my hand and complimenting me on the importance of giving them a voice. I also recalled one woman who asked me my nationality and told me how proud it made her feel because she shared the same ethnic background with me. I completed a total of six group sessions that ranged in participation from approximately 5 to 50 women in each session. Each group meeting lasted roughly one hour.

As I narrowed down the pool of potential participants I met many women from all walks of life. Some had been incarcerated throughout their entire lives while for others it was their first time in prison. I held these individual meetings off the Unit and in the Psychology Building, which proved to be another interesting experience. The process involved calling a central line and asking for the woman to be paged to psychology through the centre-wide broadcast system. Once the woman arrived, I took her into a private office, conducted the screening interview, and then called the control post again to receive directions about where she should return. Many women later confided in me that when they heard their name being called to psychology they feared something terrible was about to happen. Some thought that a relative had died while others believed that they were in trouble for something. Once they realised the purpose of the page was for this study, they were all extremely relieved. I learned to pre-schedule the actual data-collection interviews with the women themselves so that they were prepared for the page to psychology and would not experience any further anxiety.

The process of data collection went smoothly except for one occasion when I had to wait an hour for one of the participants to get out of bed. She was apologetic about forgetting our appointment and we proceeded to have a good interview. I quickly learned that all of the participants had few concerns about being tape recorded. In fact, when it came to destroying the audio-tapes with each participant (as per the contractual agreement with the Department of the Solicitor General), many of the women reluctantly followed through. I assured them that all their words had been captured and transcribed in a protected document as a means of preserving their experience in the study. This appeared to be comforting to the women. In the end, all of the women commented about the importance they felt within themselves for being a part of the study. They talked about wanting to give back to others and contribute to research in a positive way. Additionally, they stated the importance of using their prison experience as a way to learn for themselves and other women.

The final meeting was held with each participant to review her story. As I shared my writing with them individually, I have to admit that I was nervous. I wanted to capture the nuances and richness of what each participant shared while giving respect to her experience. I was greatly relieved when all of the participants expressed gratitude and excitement over their individual results. At that moment I rejected the notion that the best research is objective research and embraced the value of being close to my participants. In the process of sharing my interpretations, we validated each other. I had got it "right" and they felt understood. From start to finish, the individual data collection and analysis took 17 weeks to complete.

Saying goodbye to the participants and leaving the prison was difficult. I had come to know these women in an intimate and caring way. I thought about them daily as I collected, analysed, and wrote about their experiences. I have continued to do so throughout the completion of this project. I've kept their release dates marked on my calendar and silently cheered them on to the finish line. The women trusted me and I had the utmost respect for the honesty that they gave me throughout this process. I began to understand that the relationships forged were a strength, which helped me to immerse myself in their experience. My hope is that this study will honour the women by sharing their experience from their point of view while contributing to our understanding of psychology and women in prison.

In the next section, a brief description of the participants will be presented along with an analysis of each of the participant's experience and their individual stories. Following the individual analyses, a discussion of the shared themes is presented, which integrates aspects shared by all of the participants. Subsequent to a discussion of the shared themes, a narrative of the shared experience is offered. It is important to mention that this shared narrative must be established a posteriori. The transferability will be proven if other women who have experience with the phenomenon, i.e., counselling while incarcerated, find connection with the present findings.

Data Analysis and Results

The purpose of this study is to investigate the counselling experience of women in prison. This section begins with a brief description of each of the participants, as well as identifying features of their counselling. Following these vignettes, analysis of each participant's thematic experience is presented along with her individual story. At the end of this section, the analysis of the themes shared by all the participants and the narrative of integrated experience are presented. It should be noted that not all the "within persons" themes were shared across participants. However, it is at this level of analysis that the common experience is revealed and is released from any situated context. That is, the overall integrated experience is a more generalised description of the phenomenon that is no longer rooted in concrete instances of any one particular individual. Furthermore, verbatim excerpts will be used to help illustrate themes within the individual data analysis only. In presenting these passages minor hesitations have been deleted for readability (e.g., deletion of repeated words and paraliguistics such as "uh" and "um"). Ellipses (. . .) indicate omitted material and square brackets ([ ]) indicate clarification that was added to improve reader comprehension.

About The Participants

Participants in the study were seven women who were incarcerated between the years of 2001 and 2004. The participants ranged in age from 28 to 52 years old. All spoke fluent English. They were all attending counselling sessions at the time of the data-gathering interviews. A number of the participants were also attending programs for such things as life skills, addictions, education, and spiritual/self-awareness. Pseudonyms where chosen by the participants and other identifying data has been changed in order to protect anonymity. Below, the participants are listed below in alphabetical order according to their pseudonyms.

Dani was a 52-year-old divorced mother of Ukrainian ancestry. She had some high school education and experience in the work force. She attended approximately five individual counselling sessions and three programs during her incarceration.

Heavenly Jade, referred to as H. Jade henceforth, was a 28-year-old Métis woman. She was engaged to be married at the time of the interview and had a 12-year-old son in the community. She completed Grade 7. She estimated attending approximately fifteen individual counselling sessions and nine programs since she arrived.

Janice was 39 years old. She was a Treaty Status Indian and divorced with three sons all under the age of 16 years. She obtained her Grade 12 General Equivalency Diploma. While serving time, she attended approximately ten individual sessions and completed five programs.

Karlie was a single mother, age 29, with one son. She described her ancestry as Mulatto and Métis. She had received her high school GED and one year of college. At the time of the interview she had completed approximately twelve sessions and three programs.

Liz was a 48-year-old Caucasian woman. She was married with four adult children. She had completed one year of university. She had a successful and longstanding job in the Healthcare field prior to her arrest. While serving her time she attended six individual sessions and four programs.

Raven was a 29-year-old Jamaican woman. She had a common-law husband and six children ranging from 7 months to 12 years. She had completed Grade 12 in the community. At the time of the interview she had attended eight individual sessions and four programs.

Thelma was a 47-year-old woman of European Descent. She was divorced and had two adult children. She completed Grade 8 and studied at a Technical College. She was established in the employment sector and had operated businesses in the past. For more than the past 10 years she had been treated in the community for Bipolar Disorder. She had the utmost respect for her diagnosis and took her mental health very seriously. She had attended approximately thirteen sessions and six programs at the time of the interview.

Dani's Experience

Dani's experience of counselling in prison is captured in the following 10 themes: (1) Influence of Previous Counselling, (2) Assets That Strengthen My Counselling, (3) Prison's Influence on Counselling, (4) My Challenges To Change, (5) Hiding Emotions In Prison, (6) Feeling Safe and Supported, (7) Second Hand Counselling, (8) Change Is Acceptance, (9) Counselling As a Conduit for Change, and (10) The Next Step. Dani's experience is discussed in relation to each of the 10 themes.

Influence of Previous Counselling

Dani's previous experiences in counselling influenced her current participation. Her previous attendance had occurred both in the community and during prior incarcerations. She talked about both the benefits and drawbacks of previous therapy. She referred to her counselling she had received while incarcerated previously as a major force in beginning the process of "healing." She developed a positive attitude towards counselling based on this experience. She stated,

> . . . what it [previous counselling] did for me is it started the dealing with the process. The healing came after I left because I continued working with it . . . . the process here started me on the path.

However, not all of Dani's previous counselling experiences were positive. In the community she experienced a number of male counsellors with whom she never became completely comfortable disclosing personal information. It was not an overt dislike of the male therapist, but rather her personal sensitivity to the issues she wanted to discuss. Centrally connected to her discomfort were female issues and she was afraid male counsellors would not understand. She stated,

> With some of my past male counsellors, some of the things I had to talk about were just so personal and you know so private and like well how's he gonna understand? He's a man. I often thought maybe I'd be ridiculed by a male counsellor.

Both beneficial and difficult experiences shaped Dani's encounters with previous counselling. Overall, her experience suggests a favourable view of therapy, although, gender appears to be a mediating factor.

Assets That Strengthen My Counselling

Dani entered counselling with some pre-existing strengths that helped to shape her experience. She described herself as a strong-willed person and could not be easily swayed from a good idea. Other women residents attempted to judge her and demean her attendance in counselling as something that was weak. However, Dani would not listen to the prison subculture and refused to be convinced that counselling was something other than good for her. She stated,

> In so many ways I'm really strong-willed you know and when I see something that's good for me or I know something's going to help me or something, I don't really care what somebody thinks because it's not them, it's me.

In a related sense, Dani truly expected further counselling to help her situation. She was not ordered to attend therapy nor was she reserved about the therapeutic process. Instead, she believed counselling would help and thought, ". . . there's nothing but good that can come out of it." In a sense, she had primed herself to receive positive results from therapy, which she did. Another strength that Dani carried into sessions was the ability to set boundaries with other women residents. When they would ask her for help or, alternatively, attempt to engage in gossip, Dani remained firm in her desire to help herself first and avoid "jailhouse games." This appears to be an asset in an environment that can consume your energy leaving you with little to direct your own counselling experience. As a result, Dani was able to maintain an optimistic attitude while incarcerated. She viewed herself as a survivor of many negative life events and gathered strength from her experiences. Her positive attitude buoyed her self-esteem and ability to cope in a difficult environment. She stated,

> You know what hell I've been in jail 3 or 4 times, it's not the end of the world. The sun's going to shine tomorrow. I'm very optimistic. That's been a mechanism for me. If I had given into pessimism I probably would have gone into worst states than now.

Prison's Influence on Counselling

Dani talked about the how dynamics of incarceration affected her counselling experience. She viewed her incarceration as fortunate happenstance. She was relieved to be caught and credited her conviction with stopping her crime cycle. Once inside, she used her prison sentence as an opportunity to address her needs without the distractions of the outside world. Instead of "blowing off" sessions in the community, she became more accountable to herself. She no longer had diversions and excuses, including financial reasons, to cancel sessions or avoid her personal issues. Psychology was more available to her in prison than when she was in the community. She was thankful that this counselling was so readily accessible. Concurrently, Dani was also aware that staff silently frowned upon refusing counselling in prison. Despite this knowledge of "looking good," however, Dani realised that counselling would not work if she was "just playing a game."

Most of the prison influences mentioned above were positive for Dani. There were two instances, however, where the experience was entirely frustrating. The first occurred early in the process of entering the prison when the question of suicide arose. She recalled a multiplicity of people asking her whether she was suicidal. She was extremely bothered by the redundancy of this particular question. She was inundated by strangers asking her about whether she felt suicidal. Staff vigilance on the issue seemed more like they were covering their own bases as opposed to being genuinely concerned about her mental state. The other aggravation for Dani was more pervasive. In between and after counselling sessions, she felt alone with her problems. Her lack of freedom was exacerbated in the times when she needed her support network but couldn't get to them because she was in prison. She stated,

> You don't have family to turn to [in prison]. You don't have freedom to go for a walk to think about you what you know what you're going through and that. You know, you go to your room and lock the door.

My Challenges To Change

Dani identified challenges that made it difficult for her to change. In essence, it is these barriers that she sought help for in counselling and programs. Anger, self-destruction, and self-sabotage were some of the issues she identified during the interview. She also recognised her tendency to intellectualise her problems while leaving her emotions unresolved. She said that one of the most difficult things about counselling was reliving painful memories in a session. During this intense moment, she re-experienced the pain and, "it was like my abuser was right there."

Hiding Emotions In Prison

Although Dani recognised the need to work with her emotions in order to change, she spoke about difficulties of being emotional in prison. Herein lies a paradox for Dani; she attempted to address her emotions in therapy, but had to shut them off as soon as she left the counsellor's office. Dani described some reasons as to why it was important to hide her emotions while in prison. First, the resident subculture in prison dictates that showing emotion is weak and subsequently weakness makes one prey for those who are inclined. She stated, ". . . when they see you've got a weakness or you're you know something's bothering you, they'll play at it . . . they're just tryin' to break you down." As a result she attempted to walk around like nothing was bothering her, when in fact she felt just the opposite. Second, the resident subculture also extended to the staff but for different reasons. Dani further suppressed her emotions because she feared that she would draw attention to herself and the staff would see her as a suicide risk.

From the resident perspective, suspected suicide results in segregation time. Therefore Dani attempted to avoid showing her emotions to staff because, "they're going to think I'm ready to commit suicide and they're gonna put me in lock up and that . . . I've seen it happen." So despite knowing that she needed to address her emotions, Dani was fearful of her emotions spilling over onto the unit. She attempted to separate her emotions and save them only for counselling sessions, but it was difficult. She spoke of the negative effect of shutting down her emotions after sessions,

> You turn off – not with the psychologist and not when you're in talking but when you walk out that door. It's like you shut it down and what happens then is like the counselling takes longer than it should because you don't continue when you walk out the door. You just shut it off. The processing stops until you went again the following week. . . . So the environment I don't think is conducive to real intense psychological counselling.

Throughout her incarceration Dani struggled with trying to address her emotions in counselling but felt constrained by the environment. She reported to me long after the interviews were finished that this experience did not remit until she was released from prison.

Feeling Safe and Supported

Dani experienced safety in counselling and group programming. She felt a significant amount of support as she worked through her change. Although she identified risks in disclosing personal information, she believed that the risks paid off. Group members became closer and the sense of trust and safety increased. The confidentiality was reported to be excellent and rare, considering the preponderance of gossip within environment. When the group became off topic in sessions, Dani greatly appreciated the facilitators' support and willingness to be responsive to the group needs. In contrast to the general milieu of the prison, the group members, including Dani, never had to suppress their feelings. In terms of individual counselling, Dani felt safe in the counsellor's office and appreciated her individualised skill and guidance. From her experience, she developed the following definition of counselling:

> Counselling is having somebody guide you into what you should have realised 20 years ago! [laughing]. . . . Someone who knows how to take you somewhere you're afraid to go and is there to meet you on the other side.

The fact that her counsellor was female significantly contributed to Dani feeling supported in counselling this time around. She believed that having a same-sexed counsellor placed her at ease to disclose immediately upon entering the relationship. Lastly, although it wasn't Dani's experience of taking medication at the time of the interview, she spoke of the Mental Health support to others who benefited from pharmaceutical intervention. In this sense, Dani continued to view the services offered through psychology and psychiatry as a general support to those in need within the institution.

Second Hand Counselling

Although small, this cluster deserves attention. After it had been established on the women's unit that Dani attended regular counselling sessions, women would approach her and ask for advice. Dani was unable to fully explain the phenomenon herself,

> I don't know what it is, whether I'm easy to talk to or what . . . so people will come talk to me . . . they know that I've been through psychology . . . Do ya gotta minute to talk? Have you seen the psychologist? Or whadda you think?

Dani responded to these requests by providing general support, knowing that anything more would be dangerous and beyond her abilities. Sometimes she would find humour in the situation because she would echo sentiments previously heard in her own counselling sessions. She was adamant, however, that her advice was not detailed but surrounded common life experiences, particularly for the younger women on the unit. Based on this thematic cluster, I query how many other women demonstrate an interest in psychology but reserve their attendance (for whatever reason) and instead attempt to seek help through reliable peers.

Change Is Acceptance

For Dani, change was accepting the problem in and of itself. The old adage, "You cannot change what you don't know" was the driving force behind this thematic cluster. Prior to her acceptance that she had some significant problems, Dani's life appeared muddled to her. She stated, "Until you can admit that you have a problem you don't see the picture. As soon as I began to see that picture all of a sudden it all made sense. It all made sense." For Dani, acceptance of her various problems occurred at varying rates. For some problems, it was a slow and on-going awareness that became a "revelation." Other problems were more sharply defined and hit her like a proverbial ton of bricks. The process of acceptance was difficult at times and Dani struggled with incorporating new understandings of herself. Sometimes she had difficulty admitting her problems, particularly when the issue carried a social stigma. She juggled the dialectic of rejection and acceptance concurrently. It was very frightening for her. Through counselling she was also encouraged to accept her problems from an alternative perspective. Although using a different viewpoint was difficult, she understood the problem at a deeper, more systemic level than previous to counselling. Overall, Dani's experience of accepting her problems as her own was change in itself.

Counselling As a Conduit for Change

Dani considered counselling to be a major force in her change experience. Without her attendance, she believed that she, "wouldn't have dealt with so much crap." Dani was forthright in her recognition that counselling "looks good" to authorities; however, she moved beyond this simplistic motive of attending. She ventured further by acknowledging that counselling has the potential to help her in the long run. She was indeed looking at "the big picture," as it relates to her future change. Overall, she reported that counselling has been a "lifesaver" and a "gift" for her. Consequently, she readily challenged other residents to disregard the negative connotations that the subculture held with regards to counselling. She was vocal in her encouragement for others to attend,

> And you know I just say look if you need to go talk to somebody put a request in. Go do it! Don't feel like someone's gonna you know think you're weak cuz you need to see somebody. I'll tell them all the time, you know, just go see somebody. Put a request in. Go talk to them [psychologists].

The Next Step

Dani rounded out her experience of counselling by focusing on the future. She identified her on-going concerns that she planned to address through more "treatment" while incarcerated and once she was released. She acknowledged that since her re-incarceration, she needed some time to settle in prior to re-initiating more individual sessions. The data gathering interview gave her the opportunity to reflect and she acknowledged that she was coping but not dealing with her problems as she could be. She resumed sessions shortly after this interview. There was also a sense of urgency for Dani to continue working on change. She felt that she was at an age in her life where she was too old for her lifestyle. She stated, "I'm [almost] 53 years old. I mean I still have a lot of years but I need to deal with this now and get this under control because if I don't I might as well just pack it in." She planned her future change to include abstinence and more help for her problems prior to returning home. She felt that without further change, her problems would, "eat me alive."

Overall Synthesis of Dani's Experience

I came to jail because of bad patterns. I would self-sabotage and get into a vicious cycle of stealing and gambling. It wasn't like I said, "Hey I'm gonna screw myself and start stealing." It was more insidious than that. Finally when I was confronted, it was a huge relief to be caught.

I referred myself to counselling knowing that there was more work to be done. The last time I was here, psychology was somewhat of a life-saver. Through a gentle yet challenging approach, I explored personal issues that had built up over the past 30 years of my life. Until you can admit that you have a problem, you don't see the picture. I didn't realise that I had so much anger!

I consider myself psychologically friendly. I've gone through counselling both in the community and while serving time. The thing about counselling here, though, is it's harder to make up an excuse not to attend. When you're out there, you can come up with a million reasons not to go - I've got errands, family gatherings, friends in town, or the big one: it's too expensive. In prison however, the counselling is free and I don't have the outside distractions. So when they call me to session, I go because there's nothing stopping me.

I think the last time I was here, psychology started me on the right path but the real healing came after I left. Not to say counselling was easy here. When I first started I had to re-live painful memories and the change didn't happen overnight. I remember one time I was in the counsellor's office curled up and it was like my abuser was right there. But, my counsellor was female and I felt she understood. She took me through my deepest and most intimate personal issues. I don't think a man could have done the same. In the end I was actually surprised at the amount of work I did in sessions. You know, here I was thinking psychology is supposed to be there to help, but I really didn't think it was going to have such a deep impact. I got lucky. Counselling has been a gift because it's opened up relationships and allowed healing.

My experience of change started from a point of forgiveness. Through counselling and personal exploration, I acknowledged my emotions. I stopped blaming other people. The hardest thing for me was to accept my gambling addiction. Words fail to describe how powerful that realisation was. It was my biggest light bulb. It was also extremely frightening. It's so hard to admit you're an addict. There's such a negative connotation to the word – people cringe when they hear it, including me.

It's not smart to refuse counselling here. Let's face it. If there's a way that any one of us can get out of here earlier, we're going to try for it. We all know that counselling and programs look good and that some people just use psychology as a way of getting medication. The difference for me, I believe, is that if you pretend to go through the motions it won't do you any good. You're just playing a game. I plan on using these skills down the road, not just to get out of jail.

So when I came here again, I took some time to settle in. I anticipated the standard suicide questions that arise at every new intake. Really, if someone's going to kill themselves, do you think they're going to tell an intake worker immediately after going through a strip search? To be honest, during the intake I didn't let on that I was in recent mourning. If I had disclosed my grief, I would have been thrown in baby dolls and an observation cell – or at least I had seen that happen before. The Cardinal Rule: Don't let anyone know you're upset. At least until I reach the safety of the psychologist's office.

The problem is, though, those folks in psychology are understaffed and over-worked. I'm one of 300 people so I bide my time and wait. I know my triggers and so I'll put in a request to see them if need be. However, as we're talking here, I'm realising that I should do that pretty soon. I'm coping well but I'm not dealing things like I could be.

There are a lot of women hurting in here. They're worried about their families, their kids, so many things. They trash talk and show this tough veneer until nobody's looking. They're so afraid of what others think and they don't want to be seen getting cosy with staff. So some suffer in silence, others act out, and sometimes I'll have a kid at my door sobbing for help. I don't ask them to come, they just show up looking for a little piece of comfort. It's hard reaching out for help in a place like this. I tell them to seek out counselling – you're never gonna know unless you try – but they're so scared to break that cardinal rule.

You take a risk whenever you to talk to someone in here. The stereotyping is prevalent. It doesn't matter if it's with staff or other inmates. With psychology though, I don't feel like my disclosure is going to be held against me. I understand that if something arises out of counselling that is a concern, the right people will be informed. The environment is very safe to me. The only problem is that it can be frustrating when there's not enough time to get all these feelings out and let yourself be vulnerable. Once you leave that office – you put up your walls again.

Since landing here again, I've taken some programs and they've been a huge support. In one of my groups, I did a self-portrait and it blew my mind! That was really phenomenal. The group's trust level was very high and the counsellors let us talk, even if it meant delaying a topic. So things just started to come out. People took risks and everybody had a difficult story to tell. In that group, we never had to stuff our feelings. At the end of each session we were given time to compose ourselves before walking out the door. That's really important because whether I'm leaving individual or group sessions, I need to shut it off. If you show any weakness there are people in here that will play on it. They'll push you to the limit. Anyhow, it's been two weeks and I haven't heard any gossip from the group. That's rare in here.

I think counselling is having somebody guide you into what you should have realised 20 years ago! Seriously, sometimes I don't even know what I need and other times I just don't know how to get there. I think a good counsellor knows how to take you where you're afraid to go and is there to meet you on the other side.

Future plans for me include seeking more treatment once I'm released. I know there are more issues to work on. If I don't continue dealing with things, it'll eat me alive. I'm intelligent enough to know what's going on in my head. Inside my heart is where the next step will be.

H. Jade's Experience

H. Jade's experience of counselling in prison is captured in the following 8 themes: (1) Where I Came From: The Antecedents, (2) Trust In Counselling To

Help, (3) Relief Through Disclosure, (4) Essential Qualities of Change, (5) Emotional Barriers, (6) The Prison Factor, (7) Others Who Encourage My Change, and (8) New Understanding – Taking Responsibility. H. Jade's experience is discussed in relation to each of the 8 themes.

Where I Came From: The Antecedents

In order to know change had occurred, H. Jade used her past as a form of comparison. For H. Jade that past included an unstable childhood with plenty of exposure to drugs and alcohol. It was the lifestyle she grew up in, watching her father cycle through prison while her mother worked in a bar. Her life spiralled out of control when she walked in on her mother's completed suicide. H. Jade sought refuge in the familiarity of substance abuse while her life teetered on the edge of death. She became a teenage mother and started her own vicious cycle of drugs, alcohol, and incarceration. Admittedly, H. Jade had played her own games in counselling before she was ready to change. While in prison she would manipulate the system to her needs, whether it was for medication or programs. At one point while in the community, H. Jade was ordered to counselling for the custody of her son. She went along with the order and was surprised to find that the counselling actually helped. So upon entering prison again, she became more honest. Perhaps counselling could help again. She did not lie this time when they asked her the suicide questions on Intake. Because of her mother's death, she understood the seriousness of suicide and the need for professionals to ask about it.

Trust In Counselling To Help

H. Jade believed that counselling was beneficial. Her trust in the process, however, was not automatic. During the initial sessions she quietly observed for signs of trustworthiness in the counsellor. One of her major concerns was whether there was confidentiality in the relationship. Once she felt safe in her disclosures, she trusted that her counsellor would listen non-judgementally. Based on her experience this time around, she found that the counselling experience helped her cope and kept her focused. She commented that counselling, ". . . helps me get through the day. It helps me deal with everything that goes on in the unit." She was not looking for advice nor did she believe that getting advice in counselling would be helpful for her. Instead, counselling provided her with balance and helped her feel more hopeful after sessions. She planned on seeking counselling in the future because of its benefits.

Relief Through Disclosure

Related to the above thematic cluster, H. Jade further explained one of the most helpful aspects of counselling. She found that by having a counsellor listen to her concerns, she was immensely relieved. She was relaxed with him and felt that she could pretty much say anything without being judged. H. Jade was aware of the mechanism that counselling provided as she stated, "I knew talking would help because I know when I let things build up I tend to blow." Some of the more troublesome issues that irritated H. Jade on a day to day basis were the unit politics and gossip amongst the other women residents. Although she did not explain every little detail of these irritations to her counsellor, when she did, she "let everything out." She felt that without the opportunity to "blow off steam" to her counsellor she would not be able to cope with her incarceration.

Essential Qualities of Change

H. Jade identified a series of essential qualities of her change. It is important to note that some of the features she described were not yet complete for herself, nonetheless she was able to remark on what she viewed are the fundamentals to change. For H. Jade, change meant accepting that she was unable to handle all of her concerns by herself. She never considered counselling this time around until she had a couple of difficult months of institutional charges and fights. She realised that in order to change her behaviour, she needed to open herself to being helped. Also, she accepted that if she wanted to change her ways, it required 100 percent of her energy, commitment, and time. In fact, she recalled being elusive with psychologists in the past because she was not committed – something that changed significantly this time around. Furthermore, because she was used to operating on impulses, H. Jade learned another essential change. It was the importance of knowing her triggers and remembering consequences. She described an altercation with another woman resident where the tension was escalating over a series of days. In this example, H. Jade used her understanding of triggers and consequences to act differently:

> But then the next day we got into another argument on the unit and you know what, and I know exactly what she's tryin' to do push my buttons and I said uh, I said, You know what? I said, I've got everything to lose. I said, You're not worth it. I said, Come take a look at my board. I said, I

> got lots of pictures. I got lots of letters. I said, You're not worth it. I said, I've got lots of people who love me. And that pissed her off. She jumped up and punched the wall. I felt better. That was different.

Another essential change for H. Jade was building respect for herself. She acknowledged that the more she remained committed to her change, the better she felt about herself and the more other people gave her respect too. Finally, H. Jade used a previous change experience to identify another essential for herself. It was that change becomes easier as time goes on and the results can be incredibly rewarding. H. Jade used this knowledge as a motivational tool, helping her keep focused on her change experience.

Emotional Barriers

H. Jade spoke about the emotional barriers that challenged and/or limited her experience. After being newly sentenced, she entered prison carrying a substantial amount of shame and guilt. She was disappointed in herself and began turning back to her old ways. She stated that she was, "being a bully and walking around with attitude again . . . I could see the difference." Along with this air of bravado, H. Jade was also protecting herself against manipulation. She reported adopting a cover, "just so people don't walk over me . . . . You have to be wise to that." Her emotions were further buried by these actions and she continued to move away from being positive. Fear also challenged H. Jade's movement towards self-improvement. Despite knowing that her previous lifestyle was unhealthy, she still received comfort through its familiarity. She stated,

> Change is always scary for everybody, it's always scary. I was always scared of change that's why I never ever took that step . . . you always go back to what you know . . . even though it might be bad.

Last, frustration was also identified as an emotional barrier for H. Jade. She described instances when she would be in programs and other residents were distracting to the group through their lack of commitment and readiness to change. She stated, "It pisses me off. It's frustrating. Because I'm there trying to get somethin' out of it and they're there fucking around." In these times, H. Jade was challenged to remain calm. She attempted to be positive and avoid negatively reacting on the basis of her emotional response.

The Prison Factor

This thematic cluster represents H. Jade's perception of the prison environment and its influence on her experience. She spoke candidly of her on-going challenges with consuming drugs within the institution. The availability of substances challenged her desire to be abstinent and at times she was unsuccessful. She said drugs, ". . . just didn't help me grow . . . . It was helping me stay in my old ways." Among other factors in the environment were the residents on H. Jade's unit. Many she knew from her street days. She had difficulties balancing her street image with her desire to become someone more positive. One of the biggest risks she found was letting go of her "so-called friends." She knew that if they were any friends of hers, they would stick with her when she changed. The fear of losing all her friends was still prevalent, however, because prison is a difficult place to cope when you have nobody. Because of feeling compelled to keep her street image in prison, H. Jade believed that changing her ways would be easier on the outside. She captured this belief when she said, "Just more or less I need to get out of here. I can't really change totally here." Another "prison barrier" that H. Jade discussed was the judgements by some of the staff. She spoke about having empathy for the guards' job and how she respected some of the staff. She felt that others, however, challenged H. Jade by stereotyping her and "judging a book by its cover." It was the idea of once a criminal, always a criminal. H. Jade had a hard time not allowing those judgements to affect her self-esteem and ability to move forward.

Others Who Encourage My Change

H. Jade identified a wide-ranging support group that encouraged and motivated her experience. Her biggest support was the institution's chapel and her belief in God. She sought solace in prayer and enjoyed the peacefulness of the chapel, in an otherwise chaotic environment. She looked to God as a source of strength and realised that more strength was needed in order to master her self-control. H. Jade also attributed events that occurred in church meeting as igniting her desire to change. She found this group to be very supportive while she went through an incredibly emotional experience. Closer to the unit, a handful of women would remind H. Jade to stay "out of trouble" even when, paradoxically, these were the "bad assess" of the unit. These women helped to buoy H. Jade's spirits. There was one woman in particular that looked out for H. Jade. She helped control her temper when psychology was unavailable. Some staff were also mentioned as championing H. Jade. She appreciated their tough and caring approach and did not mind when they reprimanded her behaviour. She felt that some of them genuinely believed in her and wanted to see her succeed. H. Jade also garnered support by thinking about her future possibilities, including a more stable relationship with her child and fiancé. She looked forward to having a family in the future.

New Understanding – Taking Responsibility

In this final thematic cluster, H. Jade talked about taking responsibility for her experience. She built a sense of self-efficacy by thoroughly applying herself in programs. She was proud to receive the certificates of completion. She contrasted these accomplishments with her street days, when she would never finish something that she had started. H. Jade also looked back on her past and realised that she had been blaming everybody else for her problems. She attributed her previous suicide attempts to, "blaming the world for everything that had gone wrong in my life." Now she stated, " . . . there's nobody else to blame cuz I did it myself." Her sense of responsibility also extended to interactions with the prison guards. She appreciated their reminder that she is responsible for herself and she was increasingly cognisant of the golden rule, i.e., treat others as you would like to be treated, when it came to interacting with other staff. In essence she stated, "I feel like I'm in control of who I can become."

Overall Synthesis of H. Jade's Experience

I grew up with my dad in jail and my mom working in the bar. I started my own addictions at a time when my peers were taking babysitting courses and winning ribbons for track and field. Drinking, smoking, and drugging became my rituals. I blamed the world for my screwed up life and didn't know anything else. Becoming a teenage mom seemed a fitting chapter in my book. Then, my entire world came crashing down when I walked in on my mother's suicide. No kid should ever have that kind of pain - those memories still haunt me. I came to jail by continuing a family legacy of alcohol and drugs.

In order to survive my life you gotta be tough. I've gone through some nasty times. I remember shooting up in front of cop shops in Hastings and getting strangers to stab needles in my neck for another high. I didn't care. That's addictions for you. I thought I was pretty strong, you know, like I could handle anything. So when I arrived here, I swaggered around like I belonged. I was The Unit Heavy and a real asshole to boot.

The first time I went to counselling out there I was told to go, mostly so I could get my son back. I would have sucked it up and done back flips if they made me. So you could imagine my surprise when counselling ended up helping me. After that I went up and down a lot of times, slashing my self and taking pills, but I was just a kid. My proudest accomplishment, though, is being clean and sober for an entire year. I didn't know straight life could be so much fun. I became a Christian and got active in the AA. But when I wasn't watching, the addictions started creeping in again and then I was gone. I can't explain to you how guilty I feel about that.

I didn't think I needed counselling here even though I knew it would probably be good for me. I had stopped blaming everyone else for my lot in life so I thought it was all okay. I was starting to take some responsibility. I could handle being angry at myself or so I thought. Then I slipped. Dirty piss tests, fighting, and muscling landed me in The Hole. It was a tough couple of months of hurting on the inside. I was threatened with one more chance or I was getting shipped out.

Coming out of The Hole really got me praying again. I remember breaking down at a chapel meeting. I begged God for some strength to change my ways. That night in my cell I got down on my knees and cried and cried. I was tired of being so angry. Then fate intervened. I was called down to psychology.

It took me some time to trust my counsellors here. You have to think, I'm coming from the streets where it's a dog eat dog world. If I don't watch my back, I become a victim in a heartbeat. I've cheated death enough times to know to keep my wits about me. So for the first couple of sessions I just observed. I checked them out quietly and calculated the risk of them getting to know me. It took a few more times before I knew they weren't going to hurt me.

The psychologists are here to help not to give advice. They listen and get me through the hard times. I have such a great relationship with one in particular. We can laugh and joke about pretty much anything. I can also cuss and vent all my anger without being judged or read the riot act. I feel comfortable saying anything. I get the relief I need from every day life I live in here. After each session I feel a huge weight off my shoulders. The world looks a little more hopeful.

Before when I was in prison I used to waste my time in programs. I wasn't ready to change. I thought that someone else was supposed to rehabilitate me.

Then one day a guard reminded me that I'm in control. All of a sudden I realised that the prison provides the programs, but it's up to me. That was a big difference and helped me along with my change. Now programs are one of the most rewarding things I can do here. I put my all into them and it feels so great. I don't feel judged by the instructors and when they comment on my good work it feels like I'm worth something. I've never had so many certificates – it proves I can change.

One of my biggest battles is trying to survive in this environment. Gossiping and cell thieving are some of the things that drive me crazy. I don't always talk about it with my counsellors, but I know it's one of those things that fuel my anger. There are also some people here who laugh at the thought of me changing. All the drugs and alcohol in my past make me the stereotypical target – a drunken Native. Whatever, they don't really know me. Keep judging a book by its cover.

Letting go of my macho image is the toughest thing about changing in here. I think it's easier to work on change when I don't have to keep up my street ways. Everywhere I turn in here someone else is expecting me to throw my weight around. I don't want to get taken advantage of but I also don't want to start fighting over stupid stuff that happens either. I know I can count on my friends, though, because they've never turned their back on me while I'm trying to change. One woman in particular keeps me from flying off the handle when I can't get to a psychologist. She's saved me many times. As well, my fiancé shows incredible support by encouraging me every day.

Part of my counselling is learning about my buttons. If you let them, plenty of women can make it hard on you. I remember one time when another woman was trying to pick a fight. My instinct told me to drop the gloves right then and there – I had nothing to lose. But then you know, I got thinking about it. I realised I have *everything* to lose. There are people out there who love me. I have all these letters and pictures to prove it. My certificates tell me that I can be different. Suddenly it struck me that I'm not gonna throw my life away on some stupid woman cuz I'm worth it. It was the greatest realisation.

Deep down I know I'll get a lot more respect by changing my ways. I'll feel better about my self and people will notice that too. You know, a couple of staff always give me a hard time if I'm gettin' in trouble – especially when the drugs were keeping me in my old ways. They got on my back because I know they care and they believe I can be better. They've got my respect for that. They see me as something more than just a Heavy.

My biggest support here has been the Chapel. I am thankful for having a place where I can get away from the unit and experience peace and quiet. It's my safe place. I pray to the Lord and by His grace I'm still here. I'll keep praying so I can get stronger and totally change my ways.

I'm looking to continue counselling on the outside. It'll help keep me on the straight and narrow. It always feels so good to get that weight off my shoulders. I'm happier after sessions. I'm gonna put my heart and soul into it this time, that way I know I can't go wrong.

Change means being ready to leave your past. It's scary saying goodbye to all the bad stuff because it's all you know. With change, everything's new and unfamiliar. You never know what's around the corner. Change can make you feel like your world is upside down. Fortunately once you take that first step, you realise being different isn't that bad. It can actually be fun sometimes which can make those scary feelings go away. I know that I'm ready to keep on changing, I can feel it in my heart. Sure there'll be ups and downs just like before, but I'll keep praying and believing I can do it. I want it that bad.

Janice's Experience

Janice's experience of counselling in prison is captured in the following 10 themes: (1) Spiralling Downward, (2) Using Prison As An Opportunity, (3) Desire To Change, (4) Trusting The Process: Positive Experiences, (5) Devaluing The Past, (6) Finding Solutions Through Counselling, (7) When Psychology and Prison Don't Mix, (8) Change Is Greater Understanding of Self, (9) New Connections with Others, and (10) The Supporting Cast. Janice's experience is discussed in relation to each of the 10 themes.

Spiralling Downward

Janice talked about precipitating factors that were connected to her experience of counselling. Upon entering prison, she was incredibly depressed at the loss of control in her life. She had lost her freedom through incarceration and she continued to lose support. Calls back home only brought more bad news. Her isolation and low mood sent her into a depression and staff were concerned about her own safety. Consequently she was placed in segregation where she continued to spiral downward. She couldn't eat or sleep. She cried continuously. She lacked concern that other people were watching her unravel at the seams. She spoke of her experience in segregation,

> It's just like . . . nobody really to talk to, and all your emotions and all the things that you go through . . . like it just makes it worse. Too much time to think. You start blaming yourself for everything. You put yourself down. You all of a sudden any good things that you had going for you don't amount to anything. All you have is all the bad. It's terrible.

This thematic cluster also includes Janice's experience of previous counselling while in the community. She had attended twice and unilaterally terminated the sessions both times. She stated, ". . . [I] didn't go back because probably it was helping me . . . things were becoming uncomfortable and I didn't want to stop blaming [other people] . . . ." Thus, Janice had attempted to use counselling as a support in the past but was not ready continue the work until she was more prepared.

Using Prison As An Opportunity

Once in prison, Janice described herself as being desperate for help. She followed the institution protocol and placed requests with psychology, however, she was unsuccessful in securing an appointment. She turned to members of the Elizabeth Fry Society, who are advocates for women in trouble with the law. Finally, she was seen by a psychologist, however, the sessions were cut short when Janice was involuntarily transferred due to fighting with another woman resident. As Janice was shipped across the province she started to realise that she was at an important crossroad in her life. She could continue to lead a destructive lifestyle or she could change. She saw little choice in the decision. She stated,

> So to me, I have no choice but to change because this [life] is not for me. And I'm too old to be starting a career of coming to jail and I never want to be like this again . . . I remember how I felt when they first put me in that cage and started driving me across Alberta.

Upon her arrival, Janice quickly realised that she could no longer avoid her problems like she had done in the past. Prison didn't let her run away nor could she leave when other residents weren't behaving the way that she would like. Consequently, she began to see her incarceration as an opportunity to look at herself instead of at others – something that she had never done before. She could no longer escape.

Desire To Change

While Janice talked about capitalising on an external opportunity i.e., prison, she also emphasised the importance of her internal commitment to change. For her, change could not occur with only the opportunity of prison. She needed the internal motivation as well. Her energy stemmed from a number experiences that she reflected on during the interview.

Janice's desire to change was fuelled by her knowledge that withholding problems in the past had been detrimental. Part of her desire also stemmed from the new understanding that she no longer wanted to be different and in fact she enjoyed feeling connected to others. When she talked with her counsellor, she attempted to be as forthright as she knew how with her problems. She said, ". . . I tried to be honest and . . . once I realised what was wrong and why I ended up here, I wanted to change." While the counsellor listened, Janice found it fascinating to hear herself speak. It was during these times that her internal desire to change was fortified. She stated,

> I started hearing myself. So the more that she listened to me the more I could hear myself and the more I realised that I could change these things . . . I wanted to change . . . I was hearing the answers coming out as I was telling her what was going on in my life.

Janice's desire to change continued throughout her incarceration. She found ways to positively apply herself, which further reinforced her internal motivation. She said, "I mean how can you stay the same if you're constantly putting good things into yourself."

Trusting The Process: Positive Experiences

Janice spoke about trust in the counselling process and the positive experiences that resulted. Going into counselling, Janice had trepidation. All of her previous experiences had been lacklustre or even worse. This time, however, was different. It wasn't that she threw caution to the wind; rather, she suspended her past experiences. Coupled with her desire and opportunity, she went to the sessions. The result – she began thinking differently about counselling. She no longer pathologised her attendance but viewed her participation as a strength. It took a great deal of trust in the process to turn around her opinion of therapy. Her trust was further strengthened when she felt heard by her counsellor. There was a sense of ease to their relationship. They could laugh and be serious during any given session. Janice felt the counsellor took her time getting to know how Janice felt. It was the counsellor's listening skills, however, that made the difference. She stated, "I notice that she really does listen to me. You can tell when people hear you, it's in their eyes." Janice continued her trust in the process. Although she was uncomfortable letting others see her emotions during her incarceration, she trusted her counsellor. In sessions, she cried if she needed to. She also appreciated when her counsellor would gently challenge if Janice attempted to retreat from her emotions. She was grateful for having a private space to feel. Another positive experience emerged for Janice that was completely new. No longer writhing in her emotions, she used counselling to discuss her concerns and address her problems in the moment. Often these discussions led to solutions. Consequently, Janice became eager to secure the last session available for any particular day. By doing so, she wasn't rushed. She had the time to process her week and discuss her concerns.

Devaluing The Past

Janice discussed the importance of letting go of her old life. This meant actively working with her thoughts and feelings to no longer value unhealthy aspects of her past lifestyle. Initially, she experienced some resistance from herself. She stated, " . . . knowing that I couldn't go back to that life was at first hard . . .just admitting it, well that's done." She had challenges along the way, particularly other women residents who spoke about resuming the same drug-riddled lifestyle that they had been maintaining prior to their incarceration. Early in her own experience, Janice found these conversations spun her into cravings despite having a significant amount of time sober. She spoke of this frustration,

> The more people were talking about drugs . . . the more I started craving drugs . . . . I was going crazy because I quit doing drugs five months prior to coming to jail and now while I'm in here I'm hearing all this stuff and it was starting to make me think about actually meeting up with some of these people and going and using drugs the minute I walked out the door.

For Janice, it was critical to discredit how fun her past lifestyle had been in order to remain committed. She started to rewrite her history of being different. Prior to this experience, she did not see herself as fitting in with other women. As a result she embraced her awkwardness and purposely tried to be different. What she realised as part of her experience, however, was the letting go of her self-prescribed differences can result in belonging to a group, which can feel incredibly rewarding. Janice also spoke of relapse triggers that, in the past, had spun her out of control. These were triggers that rested within her and surrounded negative self-talk. She identified a pattern of "self-destructive" behaviour where she devalued herself and believed that she did not deserve to experience positive things. Perhaps one of her biggest challenges was reversing this "self-destructive" process and accepting the idea that she can be a valuable person deserving of good things in her life, e.g., good jobs, good friendships, etc. Janice emphasised during the interview that if she continued to devalue herself, she would relapse into depression and her old lifestyle.

Finding Solutions Through Counselling

Janice spoke directly about the solutions that had emerged through counselling. She emphasised that the dialogue process with her counsellor was causally related to finding answers for her concerns. She viewed counselling as a safe place to explore her concerns. If she was upset about someone or something on the Unit, she would typically attend counselling promptly and debrief the situation with her therapist. As a result of their dialogue, Janice often would find her own solutions. She stated, " . . . I was hearing the answers coming out as I was telling her what was going on in my life." The benefit was more than finding answers, however. As an outgrowth of problem solving, Janice felt more confident about herself and her mood improved substantially.

When Psychology and Prison Don't Mix

Up until this point in the analysis, Janice's experience of counselling was largely positive. However, her story reminds the reader that the social and political context has a significant impact on the investigated phenomenon. For Janice, she spoke of the conflicts that occurred in her experience when the institution and psychology were housed within the same environment. The fact that this is Janice's largest thematic cluster suggests this conflict deserved a substantial amount of attention in order to be true to her experience.

Janice acknowledged that power and control issues between guards and residents were prevalent, and it was the guards' job to maintain the control. When a resident became psychologically distressed to the point of possible suicide, control was threatened, including the person's life. As a result, this level of distress could make a resident a candidate for segregation. For Janice, this was one of her ultimate fears. Considering she had been candid enough to divulge her past suicidal history, she was afraid that any sign of further psychological distress would expedite her placement in segregation, also known as "The Hole." Janice's sardonic comment that, " . . . like that's what you need. To be more isolated" is reflective of the conflict between the prison's mandate and Janice's psychological issues. This conflict was likely the impetus for her comment, "Yes, jail is not about rehabilitation. It's about punishment." She was also scared that since her institutional file was stamped "Suicide," there was the risk of being "locked up" at a local psychiatric facility. Further, Janice mentioned that showing too much emotion had the potential to invoke an argument or a fight between her and other women residents. She had the first hand experience of being involuntarily transferred for becoming too incensed during a verbal altercation. For these reasons, Janice was scared to show emotion in front of any staff except her counsellor.

Janice had other experiences where prison and psychology did not mix. She spoke of the shame that residents held if they accessed psychological help while incarcerated. Many viewed counselling as a weakness and something to engage in only as a bargaining chip out of prison. Generally this was not an issue for Janice, however, she did experience elevated rumours and suspicion after her first session invoked a substantial amount of gossip on the Unit. In prison, finding space for sessions can be challenging. Because of this, prior to her transfer, Janice and the psychologist used a small closet on the Unit to conduct their first session.

The result caused a clamour of suspicion amongst the women residents. Not knowing the psychologist's identity, Janice was suspected of being a "jailhouse rat," i.e., a person who snitches to staff about other residents. After the session, another resident confronted her, an argument ensued, and subsequently the altercation resulted in her transfer.

The remaining two issues that Janice detailed during the interview about the prison-psychology conflict surrounded her negative behaviours and medication issues. Regarding the former, the reader is referred to one of her previous themes, where she struggled to secure counselling sessions as she was emotionally spiralling downward. From her experience, it took a certain amount of time and advocacy from the Elizabeth Fry Society to obtain a counselling session. However, after she engaged in arguing and losing her temper, she was transferred and promptly ushered into a psychologist's office to hear about her anger problem. She did not even have to put in a request. She suspected her suicide label on her institutional file also helped her access a psychologist this time around. She learned her negative behaviours were rewarded with timely counselling sessions. The other issue of conflict speaks to medication concerns. Janice regularly observed the abuse of psychology services. A pre-screening with psychology occurred before a visit with psychiatry; thus, many women were eager to see the psychologist. Even Janice herself, attempted to learn the ropes from other women about what to say in the pre-screening and how to obtain medication for sleep. She saw this as a conflict between drug seeking behaviours and trying to obtain help through psychology while in prison.

Change Is Greater Understanding of Self

Janice described her change as gaining a greater awareness about herself. To her, change became noticeable when she started thinking about her feelings. Unlike before, she now connected with her feelings every day. She gained clarity about problems she was familiar with but never really understood until this point. She realised that she was better at lying to herself than others. She saw self-destructive patterns that she wanted to change. She understood that letting go of her defences encouraged others to connect with her. She stated, "It wasn't other people at all. It was me . . . ." Understanding of previous counselling also emerged. She recognised what past counsellors had been attempting to do. Janice also realised two other important aspects about herself. First, she could believe in her self-worth and that people could like her as is and not for what she can give them. The second aspect was that change is a continuous process for her. She said,

> Because I stopped drinking, I stopped living that violent life, I kinda thought I was good enough. You know I raised above the gutter so I'm fine right where I am. But I don't feel that way anymore. I gotta keep going, keep workin' on myself.

New Connections with Others

Besides connecting with herself, Janice also established new connections with others. She moved out of her shell and became less self-conscious around other women. She wore make-up for the first time. She apologised to other people when she behaved badly. She derived a sense of gratification by sharing her story with other women. One of her biggest turning points was hearing feedback and listening to other women's stories. She was no longer alone in her problems.

Janice also found that her own change influenced how she helped other people. Before this experience, she was wilful about trying to help others. She said, "I was trying so hard to help one or two girls but I wasn't really being that person I thought." Since this experience, she has gained patience and understanding for other people's change. She realised that not everybody is ready to change neither at the same time nor at the same rate. Consequently, she became less wilful and more open to others' experience. Unbeknownst to her at first, she started influencing other women without trying. It was a great and rewarding surprise to see that her own change could give hope to others.

The Supporting Cast

Janice was not alone in her experience; she had many supports that she identified. She used self-help books to build her confidence and acquaint her with herself. She identified God as a major support, something she had brought with her from her childhood. Her relationship with the psychiatrist was helpful. She felt understood and validated by him. The medication helped stabilise and contribute to her change. Lastly, and perhaps one of the most important supports was not actually a person, but more so a feeling. There were times and places during her incarceration that Janice felt " . . . like a human being." It was during those times she escaped the prison walls and wasn't defined by her incarceration. Change seemed more possible when she felt free.

Overall Synthesis of Janice's Experience

I came to prison because I lost control of my life. I had some clean time under my belt but after arriving things just seemed to keep getting worse. Every time I picked up the phone I got bad news from home. It felt like I was in a perpetual state of tears. Then I got 2 weeks in The Hole. Yeah that's what I really needed – more isolation. Having nobody to talk to really sends your emotions for a loop. You start blaming yourself for everything small thing and anything good in your life amounts to nothing. I couldn't eat, I couldn't sleep. I just laid there, shook, and cried. That's when I started to get people's attention that maybe I needed some help. Hello?

Through all my crying and depression I had been putting in requests to see a psychologist. I even admitted to a history of suicide attempts. My file ended up stamped with the huge "Suicide" on the cover but still no psychologist. Things didn't start rolling until coming out of segregation. The Elizabeth Fry Society has a lot of pull and helped me start some sessions. Some of the other girls coached me on what to say in order to get some sleeping pills but the truth of the matter was I really needed some help. Fortunately or unfortunately though, I got into a fight on the unit soon after my first appointment and - boom! The next day I was shipped here and ushered into the psychologist's office. I spent an hour hearing about my anger problem. No kidding. At least I got some anti-depressants and some good advice. A week later I started feeling a bit more like myself.

I already had some experience of counselling in the community. I had the habit of going until things would become uncomfortable and then I would quit.

Back then I didn't want to stop blaming other people and take responsibility for my problems. Once I got here, however, I realised that I can't keep running away. I was stuck here and there's no where to run. It was time to take a closer look. So I started some regular counselling sessions.

Instantly I was comfortable with my counsellor. She really listened and took the time getting to know me. Her eyes told me she was interested in what I had to say. Eventually I began to hear myself too. My own answers kept coming out and I realised that I had the ability to change my life. On one hand it was scary having to accept that I couldn't go back to my old ways but her words of encouragement were motivating. I'm too old to be going through this lifestyle over and over again. In talking I realised this self-destructive pattern of sabotaging anything good that came into my life. Without being in prison, I wouldn't have realised that I was scared of good things happening to me.

By recognising and acknowledging my feelings, I started my process of change. I began to concentrate on what I was feeling everyday. Paying attention to my emotions was a huge difference for me. I was honest and upfront with myself. I no longer writhed about in my problems. I would say my feelings out loud and my counsellor never judged me. I started sharing in group and I realised that a little disclosure can go a long way. I started becoming the person I wanted to be. It felt great.

Then I began to notice that I'm not the only one who feels like this. There are other women in the same boat and I wasn't alone. It was a shift in thinking for me because I used to be very uncomfortable around other women. I thought I was so different somehow there was something wrong with me. But I let some walls down and women started sharing with me. I started apologising for my past rude behaviour. I even had some girls come up to me privately and say I was an inspiration to them! I finally got it - my problems weren't with other people at all. It was me and how I was behaving all along. I didn't want to see that before this experience.

Don't get me wrong, this experience wasn't an easy one. At first I didn't even really know if I wanted to change. Before I thought I'd live my life the way I want and on judgement day I'd be going to heaven anyhow. Then I started spending a lot of time with the Chaplain here. I've really enjoyed his help and I've grown spiritually. I'm not so bull-headed anymore. I realised that I don't have to walk to the beat of my own drum all the time. I could be part of something bigger. I deepened my faith in God and now I pray to Him with conviction.

My counsellor's office has been a safe place for me to share my emotions. At times when I felt like shutting down, she didn't let me run away. If I needed to cry I could. That's a stark contrast to the unit where you walk a fine balance. If you show too much emotion it's a one-way ticket to a fight or deep segregation. I'm scared that somebody will see me falling apart on a bad day, look at my "Suicide" file, and ship me to a psychiatric ward. That's my biggest fear.

I know many think attending counselling is a weakness, like there's some embarrassment attached to it. But for me, I've been happy to wait for the last spot in the counsellor's waiting room every week. That way we're not rushed for time and we can sit and have a good chat. It's too bad some women think counselling is a joke, but really I don't think they're fooling anyone. From my own experience, though, I know that not everybody's ready for change at the same time.

I've enjoyed meeting with the psychiatrist too. He takes the time to listen and he has a very calm manner about him. I always feel better after talking to him. It's like I'm more than just an inmate here. I look forward to working with him on the outside.

This environment still makes me crazy sometimes. I continue to overhear the drug talk and deals going down. Before that would spin me into a craving but now it's sad more than anything. I'm also aware of the power and control here amongst the staff and inmates. Sometimes rules and attitudes get thrown around like currency. Everyone's trying to be more powerful than the next person. That can really get on my nerves at times. Then there's the general lack of trust in here. Everyone seems so suspicious. Sometimes these things can make it hard to focus my change when that racket is going on in the background.

I think counselling has been a place where I have used every bit of my heart and soul. It's been an opportunity to take a really good look at myself in a safe environment and not be afraid to let somebody see every part of me. I never had to worry that I'd hear my personal stuff being spread all over the unit. I felt hopeful each time I came to session and encouraged each time I left. I've had my time of falling off the wagon and getting back on many times. I'd rather tell the truth about it now and say, "Hey look at me now." I feel like I can't help but change.

Karlie's Experience

Karlie's experience of counselling in prison is captured in the following 12 themes: (1) Before I Arrived, (2) The Paradox of Vulnerability, (3) Using Opportunities To Change, (4) The Importance of Trust, (5) The Importance of Talk, (6) Perception of Psychologist's Role, (7) What Counselling Does For Me, (8) Essential Qualities of Change, (9) When I Can't Talk to My Psychologist, (10) While I'm Here: Mediators of Change, (11) Sharing Our Stories, and (12) Finding Myself. Karlie's experience is discussed in relation to each of the 12 themes.

Before I Arrived

Similar to the other participants, Karlie described the salient aspects of her life history that arose during her counselling experience. She grew up in a home witnessing extreme domestic violence. She pretended the abuse did not exist because she feared being apprehended by Children's Services. As time moved on, Karlie started using drugs as a young adolescent and her addiction spread by the time she was 16 years old. She had a child of her own but continued a lifestyle puzzled by alcohol and drugs. She tried counselling periodically but wouldn't allow herself to get close to any one therapist. She feared being judged while also being scared that the counsellors would tell her she was as "messed up" as she thought she was. She stated of past counsellors,

> I used to think they [counsellors] were dumb . . . like yeah I know I gotta quit drinking and yeah I know I gotta quit doing drugs because you know

> it makes me feel this way but I just in the back of my head would say well you don't know what I'm going through like you know.

Karlie continued to cycle between her addictions and trying to survive. She would use counselling only as a last resort when it looked like she was losing her grip on life. Eventually she came to prison again.

The Paradox of Vulnerability

Throughout her experience of counselling in prison, Karlie struggled with feeling vulnerable. It was important for her to balance her "thick skin" with being compassionate. If she didn't stand her ground, she became a victim. If she stood her ground too much, " . . . somebody will want to break you down." So for Karlie, she continued adopting masks and showed only a select few of her peers her vulnerabilities. Then one day when, while watching a film about abuse, she burst into tears. Years of her own abuse surfaced unexpectedly and she bolted from the program room. From what she recalled, she couldn't stop crying or talking about the abuse to her trusted friends. When she sought the help of counselling, she quickly felt uncomfortable each time issues of abuse were discussed. Subsequently when she returned to the Unit, she felt like a recently opened sore. She stated, "I don't think I'm ready to deal with those issues in jail here cuz . . . I get so vulnerable and I feel helpless." She continued with counselling, however, "pulled back" from addressing the abuse in sessions. She described the paradox of vulnerability,

> I don't like the feeling that I get, so it's really hard to open up about those things and really talk about those things because I go back to the unit and I

> get really depressed. I get really helpless and I get fragile. I feel like I'm vulnerable You can't be vulnerable in jail. You can't show weakness in jail ever. Not supposed to.

She realised that in order to change, she needed to take off her "masks" and become authentic, however, the prison climate was not entirely a safe place.

Using Opportunities To Change

Despite the barriers to feeling vulnerable in prison, Karlie saw her incarceration as an opportunity. She was somewhat thankful to receive a lengthy sentence to address some of her concerns instead of being another one of the women that she watched cycle through prison's revolving door. She said of her incarceration, "I know this was a blessing in disguise." Despite her insight of the opportunities, her term was not without incident. She landed herself in segregation a number of times, spending consecutive days starring at the ceiling from her cot. In truth, she stated the experience was strengthening. It helped her to know that she is a strong person and that she can survive. For Karlie, being incarcerated was not the worse thing that had happened to her. Instead, it motivated her to regain her freedom and recognise that she still had a lot to lose even though she was in prison. The lack of responsibilities, e.g., paying rent and bills, made it a great opportunity to, ". . . really find who you are." She had never finished anything in her life before and believed if she capitalised on the counselling and programs she had the chance to finish something and feel good about herself. There was another motive to seek help too. She was starting to reject her old coping strategies but did not have any replacements yet. She advised,

> And plus being incarcerated you don't have a lot of place to vent or you don't have the drugs there to hide what you're feeling. If somebody ticks you off you can't go explode on them and stuff like that. You have to learn alternative ways to deal with things.

So, Karlie used opportunities within the prison to learn something new while she was incarcerated.

The Importance of Trust

Trust was a major issue for Karlie. It was not only a requirement of counselling, but more largely something that was mandatory for any relationship if she was going to share anything personal. She trusted the psychologists and felt that she could confide in them "if all else fails." She also trusted a select few female residents for coping during the tough times. Most other women on the Unit, however, were viewed as a nuisance. She described that personal information was often used in exchange for building superficial relationships with others. In essence, trust was a prison anomaly. She stated,

> I didn't want to trust anyone on the unit. Most of those girls you tell them something and half our tier knows . . . . they don't know what confidentiality is. They just have no clue of that. They think you know if I tell somebody this then they're gonna like me more because I know something about Karlie.

Karlie's biggest source of trust, however, was not in psychology – it was in God. She trusted that living the word of God would provide her with a good life.

The Importance of Talk

Although this is one of the smaller thematic clusters, Karlie identified talking as an important part of her counselling experience. She finally felt free to express her problems without repercussions that she had once feared, i.e., being taken away by authorities. She viewed counselling as her time to talk. It was a forum of communication that integrated a holistic approach. Through talk therapy she bettered herself mentally, emotionally, and spiritually. Her counsellor was there to listen and she was there to talk. In its most simple form of the experience she stated, "And sometimes talking is all you need."

Perception of Psychologist's Role

Karlie's opinion of psychologists changed while she was incarcerated. She went from thinking that they were "dumb" to believing they genuinely help people change. How did this happen? It was her first hand experience along with timing and skill of the psychologist. When she entered counselling she expected to be judged, and more particularly diagnosed with some disorder, similar to what she had heard throughout her lifetime. What she experienced, however, was quite a different. The psychologist broke the ice. He did not offer a diagnosis nor did he tell her that she was dysfunctional. He listened and although he could not give her answers to her problems, he was reassuring. He offered her the new possibility that psychology was there to help and she came to believe it. Through her experience she understood that psychologists are available to help relieve stress and to help improve an otherwise bad day. She appreciated having the support, knowing that they would make room for her in their day if she was struggling.

What Counselling Does For Me

Karlie described a number of important benefits that she received from counselling while she was incarcerated. Before this experience of counselling she rarely thought about consequences and had a tendency to act on impulse. Through sessions, however, she learned to care about her future. Counselling gave her coping skills and alternatives that she was unaware of prior to this experience. She stated,

> It's [counselling] helped me give me the coping tools I've needed to get by without resorting to violence. Knowing that there is other avenues and other tools that you can use . . . .

Counselling also gave her a sense of accomplishment, as she applied herself diligently and reaped the rewards. Receiving each program certificate was a proud moment for Karlie. It meant that she was able to finish something that she had started. Karlie also found that counselling helped her holistically by addressing her mental, emotional, and social needs. Finally for the first time she felt like she was getting to know herself. In essence, for Karlie, it was like meeting herself for the first time. Although counselling provided Karlie with a number of intrapersonal benefits, she also spoke of a related bonus for attending counselling. Regular therapy sessions gave Karlie relief from the Unit. She could escape the monotony and the politics, allowing her to " . . . get away from everything . . . ."

Sometimes she did not feel like talking, but attended sessions anyhow just for the simple pleasure of getting away from her everyday environment. During these sessions, her and her therapist had coffee and talked about benign topics. For Karlie, these "sessions" were just as important to her as the sessions that dealt with her issues and concerns.

Essential Qualities of Change

Since attending counselling, Karlie saw herself emerging as a new person. During the interview she spoke of the many changes that she experienced. Change for Karlie meant that she was becoming less impulsive, more concerned about her future, and committed to finishing her programs. She significantly reduced her time spent arguing and physically fighting with other women on the Unit. She no longer spent most of her time looking for ways to unleash her aggression. She started to connect together her past, present, and future, which helped to modulate her behaviour. She described an incident on the Unit when she was faced with the decision of whether to seek revenge for a friend who had been beaten on the Unit the previous day. She spoke of her decision-making process and how she integrated it into her change experience. She stated of the aggressor,

> I honestly had thoughts of gettin' nasty on her, I'll be honest, I really wanted to get her. But today I've thought about it and as much as we are family, would they do that for me? Would they really go to that extent for me? No they wouldn't. And what happens to me if I do get her bad? I'm the one that's gonna be going to the Pen. I'm the one that's gonna be doing more time. And so who really suffers? My family. My real family.

> And my son most of all because I'd be doing more time. And now to try and get a job with you know. So do I want that hanging over my head? No. I don't. Do I feel bad for my friend? Very bad. And I'm there for comfort and just because I can't do anything physically, it's not my obligation.

Change for Karlie also meant confronting her problems. She started looking at "The Big Picture" and realised that she has many issues to deal with. She had never had to face her problems as sober as she was now. As a result, an essential quality of change implied times of struggle. She was in limbo while she found alternative ways to cope with her concerns. One way in which she helped herself through this experience was shifting her belief system. Prior to this experience, she had viewed emotions as a weakness. Since her experience, however, she no longer felt compelled to hide as many of her emotions. Rather, her change involved seeing strength, not weakness, in being more emotional. Although she previously acknowledged in other thematic clusters that she was not completely ready to feel all emotions because of the vulnerability factor, it was an important first step in her change experience to shift her thinking towards a more positive view of being more emotional. Lastly, change meant remaining connected, being active, and rejecting her old lifestyle. She reported that in order for her to continue changing, she had to learn how to live differently once she is released. She emphatically stated,

> But sometimes as much as you really want it [change], you're still an addict so unless you get some treatment on the outside as soon as you get

> out and learn to live differently you have to change everything. You can't go back to your old friends. You can't go back to your old hangouts. You can't go back to your old ways. I just can't have one toke. I just can't have one last high because it goes forever. How does that saying go? One is too many and then a thousand ain't enough. It's true.

When I Can't Talk to My Psychologist

At times during the counselling experience Karlie was aware that she could not talk to her psychologist about certain issues. Primarily the topics concerned her abuse history, any security concerns such as knowledge of illicit substances, or any thoughts of suicide (remote or immediate). In particular with regards to her abuse, Karlie turned to conversations with God because she felt that her psychologist's opposite gender was a barrier. She stated, "I talk to God about the things because I don't like my psychologist you know he's a guy still. Those are pretty traumatic things that I've gone through . . . ." So when Karlie could not discuss the abuse with her psychologist, she focused on problem solving a safe issue in counselling. Karlie's other reservation in counselling surrounded the issue of drugs in the prison. Throughout the sessions, she remained vigilant not to share this information with her psychologist. She spoke of these limits,

> I know that it's [counselling] confidential and I don't think that they're gonna go behind my back and go try and get me into trouble if I tell them this or if I'm that. [But] in a way I'm still scared because you know . . . . it's still a jail. And there's still that confidentiality thing where yes you can

> talk about your issues but if it's over drugs and stuff, I couldn't share that . . . I know that to a degree you can trust but there's a limit to it.

Suicide was also an issue for Karlie. Although she did not experience significant concerns regarding this area, she learned from talking to other women residents that admitting thoughts of suicide could potentially land a person in segregation. As a result, Karlie knew to say no to any questions remotely surrounding concerns of suicide.

While I'm Here: Mediators of Change

Karlie identified both helpful and unhelpful aspects in her environment that influenced her change experience. She spoke candidly about the guards and other staff with whom she experienced both admiration and frustration. Her change was challenged when she became irritated by the impact of staff moods on the Unit operations. She struggled not to become focused on their behaviours, particularly when "bad moods" permeated the environment and rules were enforced with a heavy hand. She recognised that guards were just there " . . . to do their job . . . ." but the power differential would sometimes erode away at Karlie's positive change. Particularly she became upset when guards collected prohibited items, such as extra clothing that took her a significant time to collect. During these times it was difficult for Karlie to maintain focus on her change and "the big picture." She stated,

> Why are you going in my stuff taking my extra clothing and things that have taken me this long to accumulate? It just really pisses me off when

> they [guards] do that. And it's those things that you know, well it goes back to well you're a fuckin' screw and I'm an inmate.

All of Karlie's experiences with staff were not negative, however. She appreciated people like her case worker. These were seasoned veterans who demonstrated compassion yet "don't put up with much."

Other mediators of change included meddlesome residents that challenged Karlie to avoid slipping into her old ways. She found that a large preponderance of other women had a tendency to stick their noses into situations where they did not belong. As a result, situations were blown out of proportion and there would be more upset women than there was originally affected by any given issue.

The remaining mediators that Karlie identified surrounded her effort to challenge the pervasive stereotypes of counselling in prison (that it's a weakness), her astonishment at the few available programs, and her endeavour to remain focused on "The Big Picture." Regarding the latter, she attempted to remind herself of her environment regularly in order to help maintain her focus on change. She stated,

> This is jail. . . . little things like that start ticking you off but then you gotta put yourself back. No this is not my house. No this is not where I want to spend the rest of my life. So then you gotta step back a bit and really look at the big picture.

Sharing Our Stories

Karlie discussed common bonds that she felt with other women residents. This cluster is important to her experience as it provides context to what she encountered while working on her own change. As well this theme provides the reader with a glimpse of the larger social and institutional climate that women face while they are incarcerated.

Karlie acknowledged the significant impact that men have had on many of their lives. She stated, ". . . men have hurt these women, men have hurt us women. Men were the ones that beat us, that raped us, that took advantage of us, that controlled us." Perhaps only speculation, but this statement may be directly linked to Karlie's own difficulties of sharing her abuse stories with the male psychologists at the prison.

Karlie also spoke of female stereotypes that infiltrated the prison walls. In the past she had regularly challenged these conventional images of women by engaging in physical fights and being violent. While trying to change her ways, Karlie still attempted to denounce the double standard that she felt was ascribed to the women in prison. She rejected the double standard yet was trying to navigate a new identity without fighting or violence.

Perhaps most importantly however, Karlie found comfort and a sense of belonging to the other women in prison. She stated,

> These are the people that I grew up with . . . . having the abuse, same physical and the mental and then also having the sexual abuse . . . coming to jail it was almost like I came home you know I finally came home.

Karlie and other select women on the Unit gave each other reciprocal support through their shared history. They had a better sense of each other's pathways to prison than any mental health professional could imagine. Because many of them shared the same story, Karlie was at ease. Finally, she felt like she was accepted.

Finding Myself

The core nature of Karlie's experience involved finding herself. No longer having drugs or alcohol to escape her problems, she used the opportunity for self-exploration. She had the ability to turn a negative situation into a positive experience. She realised that all the hiding and glossing over that she had done in her life had not addressed her concerns. She was meeting herself for the first time while dealing with shameful events. She understood that her problems ran deeper than what she previously wanted to acknowledge, particularly with intimate relationships. She began to perceive unhealthy patterns of self-sabotage while focusing on forgiving herself. It was important for her to leave this experience with the knowledge she had gained rather than the material possession she had accumulated.

Overall Synthesis of Karlie's Experience

On the mornings that my mother's blood splattered against the kitchen walls, I went to school like everything was fine. I was too scared to tell anybody about my family because the authorities would've taken me away. So I shuddered through all the terrible nights, lying so still that my heart would stop beating. When I began experimenting with drugs, I learned that I could knock off days of anger and pain. Crack came calling at sweet sixteen and I never looked back. I came to jail through an endless cycle of escaping my life with drugs.

When the lows were unbearable, I would go to counselling. I never stuck around for long, just enough to hear the lecture on how I needed to quit drinking and getting high. I would sporadically attend sessions, keeping very guarded the entire time. In their worst possible dreams they couldn't imagine my life, so how could they possibly help me.

I thought that by forgiving others and focusing on the future, I was dealing with my issues. I had this misguided sense that I could handle anything that came my way – I've survived so much already. I could be anybody I wanted to be. There were so many masks to get me out of tricky situations. Then I watched a movie here and it all came crashing down. The memories sent me spinning. I couldn't stop crying. I was helpless to watch my abuse come bubbling to the surface.

When I first met the psychologist here, I was coming off time spent in Remand. I was jittery, paranoid, and I would have done anything to calm my nerves. Now that I was straight, my emotions kept hitting me like a brick wall. When I sat down with him though, I was surprised. He didn't label me into some category like all the others before him. He sat and listened to my needs. He didn't judge what I was saying. It was a sense of relief and comfort that psychology was here to help me. The ice had been broken. But I still lied about the suicide questions. Everyone knows that's a one-way ticket to segregation.

By the time my abuse surfaced, I knew there was no more hiding. I was raw and needed something to manage all the emotions. The dope was no longer there to "solve" my problems and I couldn't very well take it out on someone else in here. I felt like the string on a balloon – helplessly tied to no particular direction. In the process I realised that I had to take off all the masks if I was going to find out who I really am. It felt naked looking into the mirror.

I got hooked up with another psychologist and we have good times. I'm not entirely comfortable talking about my abuse – it leaves me too vulnerable in a place where weakness is prey. Besides my traumas are not something I want to discuss at length with another man. Men have hurt me before. I know he can't give me the answers I'm looking for. So instead, we talk around the abuse. I get new coping tools and a sense of relief from my anger. Sometimes talking is all I need. I trust him with these issues and I feel safe in the confidentiality that we have. I know the limits to what I say though. It's still jail after all.

My biggest overall change is being less impulsive. I was always looking for a good excuse to unleash some of my aggression. Counselling has given me the Bigger Picture. I can see that I took my freedom for granted before. Now I have to work my butt off in order to reclaim my life. Counselling has given me an out so I don't have to resort to violence. Before I would've dropped you to the ground without thinking twice. Now it's not worth it – funny even though I'm in jail I still have lots to lose.

Some of the good supports here have helped with my change. I admire my case worker; she gives me strength, humour, and perspective. I lean on a small group of other women like me. There are similar life stories in all of us – in that way it was a bit like coming home. My life finally fit in. I've also taken some programs that have shown me I can complete something to the end. It's important for me to leave here with those certificates. My biggest support, however, has been my spirituality. No matter who rotates through the unit, I can count on my Higher Power. I'm less likely to shoot myself in the foot – I can start to forgive so many things that I've done wrong.

Practising my new life in jail comes with its challenges. Gossip spreads like wildfire, pushing my buttons and encouraging me to bite. I have to refrain from the gut reaction, which leaves me feeling a bit unfamiliar to myself. Sometimes I'm successful, sometimes I'm not. Similarly, these skills exist in a different world from here. No sooner am I trying new communication when somebody sticks their nose in and blows the issue apart. It's a bit like talking a different language that nobody understands. They know fists and gossip. Staff is another challenge – so much variation. A shift in mood can rapidly set the tone of the unit. It can be friendly to tedious, just depends. But when the line is drawn at the end of the day, I'm still an inmate and they're still guards. Getting reminded about the power difference is like a slap in the face. It's hard to change feeling less important, less valid as a human.

The key to change is you really gotta want it. There's no use in wasting everybody's time if you're gonna manipulate the system. I watch people fake it in here and they're the ones going through the revolving door. That could have been me but luckily I got a long sentence – it was a blessing in disguise. But wanting change isn't enough. I have to change every single aspect about my old life. No old hangouts, no occasional drink, no one last high because it'll be forever. You gotta re-invent a new life while still hanging on to yourself, your spirit. That means getting involved with the community, learning, going to more counselling, and keeping my spirit alive.

Liz's Experience

Liz's experience of counselling in prison is captured in the following 10 themes: (1) Not In My Wildest Dreams, (2) Orienting To Prison: Understanding The Culture, (3) Struggles To Stay Positive, (4) Importance of Finding Normal, (5) Persistence in Counselling, (6) Essential Qualities of Change, (7) Encouraging Others' Change, (8) Missing The Mark in Counselling, (9) Prison's Influence on My Experience, and (10) Importance of Diverse Support. Liz's experience is discussed in relation to each of the 10 themes.

Not In My Wildest Dreams

In her lifetime Liz never thought that she was headed towards financial destitution. But when her job was no longer paying the bills and her husband was unable to work, she was faced with the unimaginable. Despite the situation, she did not believe it was drastic enough to warrant counselling or other professional intervention. She was committed to trying to fix the problem. When the opportunity for embezzlement arose, Liz took the risk. Subsequent to her conviction and upon entering prison, she was in shock. Television images rifled through her mind. Not in her wildest dreams could she imagine being incarcerated.

Orienting To Prison: Understanding The Culture

Liz identified important adjustments and understanding that she used to eventually assist in her change. She experienced the overwhelming sense of being a minority throughout her incarceration, which gave her insight. As a Caucasian, middle-class, middle-aged women, her age, gender, colour of her skin, and education made her a foreigner within the prison. She felt, ". . . like a fish out of water . . . ." She observed a male patriarchal society. She learned that following prison routines was necessary to function in the environment. She stressed the importance of "knowing the ropes" despite the guarantee of getting her needs met. She empathised with the guards and how their moods could affect daily operations. She expressed concern for the abuse of counselling services as she watched other residents' attempts to "look good." Perhaps her most important lesson that helped to orient her counselling experience was the understanding that trust is tenuous in prison. She stated, "You've got to learn in this [jail] society who you can trust and be open with because so quickly they'll turn it against you." Knowing this lesson allowed Liz to calibrate the amount of information she shared and whom she shared it with.

Struggles To Stay Positive

Staying emotionally positive was difficult for Liz throughout her sentence. It tempered her change experience and ability to cope on a daily basis. For instance, she was discouraged by the lack of positive reinforcement in her surroundings. She described this experience to her daughter during one visit,

> I said to my daughter in visits yesterday, you know, I don't have any violations on my record since I've been here. Um I'm minimum security. I don't have any drug problems. And yet they treat me, there is no

> recognition of good job done . . . . so it's hard to keep emotions and your own feelings up. It's hard to keep the hope going . . . .

Liz was also frustrated by the universal punishments that occurred when only a few residents were responsible for a transgression. As a result it was hard for her to sustain her emotions when, as Liz described, " . . . you're walking on eggshells because they [staff] group you all the same." Liz was also frustrated by the surrounding stagnation that she observed in the other residents. The lack of observable change was exasperating to her at times. She became further aggravated when staff positively compared her to the general stagnation of residents who were thought to be unmotivated. Although she was better adjusted emotionally than most residents, she still felt unbalanced but nobody seemed to notice due to her relative stability. Positively, however, Liz attempted to stay buoy her spirits by self-initiating goals. She looked forward to occurrences in her daily environment where she could purposely challenge her emotions. She tried to find something in her day to be upbeat about. As the saying goes, she tried to make "lemonade out of lemons."

Importance of Finding Normal

An important part of Liz's experience involved finding a sense of normality in her environment. She used counselling and other established ways to obtain balance in her daily life while incarcerated. It was important for Liz to create a sense of the ordinary as she was in an environment that was unfamiliar and disorienting.

Counselling provided Liz with relief from the prison environment. She found the negativity distracting and counselling provided her with an escape. The sessions became a stark contrast to her living environment. She appreciated having space and conversation, at least for the duration of the session, where she could focus on her goals.

Liz also drew upon other skills that supported her while she was incarcerated. She escaped prison, at least mentally, through reading books. She found a sense of normalcy through other people's stories. She also continued her role as a mother, which helped her feel useful and good. By mothering her own children regardless of her location, Liz was able to receive hope about her situation. Without hope, it would have been very difficult for Liz to focus on her change.

Persistence in Counselling

Liz faced many trials in counselling and despite it not being an overly positive experience, she persisted in her attendance. Her diligence was attenuated by her beliefs about counselling. She viewed counselling as something important, particularly while in prison. She believed that it had the ability to offer "hope, wisdom, strength, and a broader outlook." She also believed that counselling helps to provide greater understanding and self-awareness for the individual. Liz accepted that she had a "weak point" and could benefit from new teachings. She viewed counselling as an opportunity.

Liz sought change through the psychologists' training and perspectives. She had experienced difficulties with anxiety since being incarcerated and attempted to draw on their expertise. She was also looking for a different perspective from her own: one that could provide her with new information about old patterns. She received useful literature from a psychologist, which helped teach her relaxation skills. She was also active in adapting addiction programs to her own needs, despite not being an "addict" per se. She also persisted in counselling because she empathised with the psychologists' constraints. She was familiar with the healthcare system and was cognisant of bureaucratic limits to helping. It was validating enough for her to hear a psychologist state that he was at a loss because she was not the typical resident. She regularly worried about getting "caught up" in the environment. Perhaps the biggest factor that allowed Liz to persist in counselling was the mere idea that it could help her now and in the near future. She returned to sessions because she might receive another tidbit of useful information. She also returned because it was helping prepare her to become more comfortable with counselling once released. When I asked, "What keeps you going back for sessions?" She replied, "I might pick up something else that he says that might help me, um and learning to feel comfortable with a counsellor that when I go home I won't have a problem with that."

Essential Qualities of Change

Key ingredients that Liz identified as part of her change experience can be divided into two major areas. In the first area, Liz talked about change as relinquishing control and learning from others. Prior to her incarceration she believed that it was her responsibility to fix problems and that she could do it by herself. As part of change and letting go of control, Liz learned that she cannot and should not attempt to fix such problems single-handedly. She learned, ". . . not to be so proud as to ask for help . . . ." and realised that change meant relying on other people and borrowing strength from others to cope. This was a substantial change for Liz because she was accustomed to providing the strength and assistance instead of being the recipient of help. Specifically with regards to this process, part of her change experience included resetting the boundaries with her husband and her children. She no longer valued the role of being able to fix everything. She also learned how to ". . . just chill out and uh learn to relax into something . . . when things are out of my control." Change was being better able to accept distressing situations without feeling the need to make everything all right.

The second major area for Liz that was an essential part of her change experience was actively applying her knowledge to both her current and future situations. Change meant straightening out her life now, not later. This required Liz to be focused and avoid the trivial but oftentimes annoying aspects of her current environment. Change for Liz also meant believing in herself. She believed she had an adroit ability to use her current situation, learn from it, and apply it to her future. She planned on using her knowledge to help others in the future. Change meant applying herself both now and later.

Encouraging Others' Change

As part of Liz's change, she encouraged others to change too. She was astonished to observe the lack of women's equality in the prison compared to in the community. She stated,

> . . . it was hard for me to believe that in this [jail] society women are still fighting for their rights cuz you don't see it much out there. Definitely, I don't know . . . why I'm seeing it so much here, but most definitely I'm seeing it.

As a result of her observations, Liz encouraged other women residents to be more assertive. She tried to teach them to stand up for themselves when feeling oppressed by the prison environment. She also encouraged the women to believe in their basic rights. She challenged them by stating, " . . . you can't just assume because we have a record now that no one's going to believe us." Her attempts to empower other women were tiring, however, and at times Liz found herself struggling to balance her change with the compassion she had for others. Positively, she saw results. Actually she was quite surprised at the amount of respect she garnered from some of the other women. They appreciated Liz's willingness to help others cut through the institutional policy. Instead of following the institutional protocol that requires residents to submit a written request in order to receive support, e.g., from the psychologist, Liz was right there on the Unit. She made herself immediately accessible and those who sought her support did not navigate the institutional bureaucracy. Further, Liz's encouragement for others to change did not stop with the residents. In a subtle way, she also challenged staff through her assertiveness. She objected to the stereotyping of all the residents. She reminded the staff of her education and background. She did not "roll over" in submission easily. Basically, she challenged staff not to group all the residents into the same package.

Missing The Mark in Counselling

As previously alluded to, Liz's experience of counselling was not entirely positive. In fact there were a number of occasions where she felt that counselling was ineffectual. It started with an uncomfortable first session and progressed to receiving too few ideas for programming. She was an atypical resident and from her perspective, this limited the psychologist's options for recommendations. A haphazard suggestion to attend Narcotics Anonymous meetings was suggested despite her having no difficulties with illicit drugs. Perhaps what frustrated Liz the most, however, was being asked her opinion on her circumstances due to her knowledge in the Healthcare field. She was more so looking for professional advice rather than being asked her own. Underlying her frustration was also the desire for a same-sexed psychologist. She believed that counselling might have been better with a woman who understood women's issues first hand. As a consequence of counselling missing the mark, Liz felt that it was not enough support for what she would have preferred while she was incarcerated.

Prison's Influence on My Experience

Liz described specific institutional factors that affected her counselling experience. Despite loathing her environment, she found that prison encouraged her change. She stated that applying the essentials of her change was,

> . . . very easy because this has been a new environment for me so I've had to ask for help. I had to ask even the simple things . . . understanding the system here . . . . I know it, that has been good training for me here to asking for help. Um to, to learn how to cope with the frustrations here.

In terms of other factors, Liz initially attended counselling because of the lack of programming alternatives. Her problems did not seem to fit the programming mold, which was geared towards alcohol and drugs. She also found access to psychology limited and paperwork became a major barrier to obtaining timely support. Lastly, she spoke of institutional routines that cut into the counselling experience. Specifically she described how regimented movement times that followed a precise schedule interrupted building a therapeutic alliance. She stated,

> . . . . and you know time is running out and oh meal line is happening and . . . . I don't like being rushed during that . . . because you need to build up um a relationship with that counsellor . . . .

Essentially Liz discussed positive but more so negative aspects of how the prison environment impacted her counselling experience. It is an important thematic cluster for Liz as the prison had a direct bearing on her experience of counselling.

Importance of Diverse Support

In order for Liz to address her concerns and focus on her change, she spoke of the importance of having diverse support. She entered prison with an established spiritual life, which she described as her foundation. She was relieved when she discovered that the prison offered organised religious services and support that she was accustomed to. She also augmented her support through listening and contributing to the shared stories of other women residents. She found hope, validation, and connection by no longer feeling alone in her problems. Staff was another area of support for Liz. Some relationships with staff were more helpful than others, yet all were appreciated and gave her a sense of hope and self-worth. Liz also specifically identified her roommate as a significant support. She helped Liz orient to the prison and Liz often admire her roommate's strength in coping with adversity. Finally, perhaps the most important support for Liz was not found inside the prison, but rather in her family who continued to accept her, visit with her on weekends, and patiently await her release.

Overall Synthesis of Liz's Experience

I never thought I'd be here. I didn't know what to expect from a big facility, only what I saw on T.V. Until you're in that situation, you really can't get a sense of what you'd do. I came to jail because I tried to save my family at all costs.

I was somewhat familiar with counselling through my work. People went there for a time out when the pressure of life had gotten too much. I never imagined that I would be in a similar position. When I thought of counsellors it reminded me of psychiatric facilities – and my life didn't seem that drastic. Then I came here.

When I arrived, one look told me I was in a whole other society. I became an instant minority and immediately felt out of place – like a fish out of water. My education stood out. The fact that I have no drug or alcohol problems was shocking. I seemed to be the only one with greying hair and a grandmother in a place of buzzing hormones and kids barely eighteen. I felt isolated by the colour of my skin. I also soon realised that this is a man's environment right down to the deodorant we're issued – there's no such thing as Ladies' Speedstick™ here. Devastated, I missed my world terribly.

You take a chance trusting anyone in here. I was lucky that a reliable staff member pulled me aside and gave me that tutorial early on. You have to learn in this society that people will turn against you on a dime. That's the risk in opening yourself up in here and trying to change.

I never want to repeat this experience again, so I got to work. I dismissed the suicide questions and started looking for something that would fit for me. I searched through the programs but seemed to come up empty handed. That's when I landed on the psychologist's door step.

Our first meeting was puzzling to say the least. We starred at each other in mutual curiosity until distractions started filling the room. Crisis calls, paperwork, interruptions, and I found myself thinking, "This man is overworked!" My psychologist has a big plate. Suddenly I felt lost in the shuffle. My hopes were dashed. I began to understand that my strengths limited my possibilities of getting help. It's frustrating to feel like I didn't fit into the mould. It would have been easier as a drug addict or an alcohol binger. Even though I'm relatively more balanced than most women here, I still desired help. As it was, we were both perplexed about where to begin. This continued a few more times: Come. Sit. Stare. Repeat.

When anxiety started crowding my thoughts I knew I needed help, so I went back to the psychologist's office again. By this time I had learned the system. Fill in this request, speak to that person, wait your turn, and then voila! –

A meeting with the psychiatrist. At least that's how it's supposed to go unless your paperwork gets lost or you're triaged down to the bottom of the list. Eventually, I was asked what medication I needed. I could have said anything.

A good counsellor is very easy to talk to. You can tell right away if you're getting their full attention. They will take you places you're not even aware exists and you can break old habits with their help. Counselling can give you perspective, hope, wisdom, and strength. Groups are encouraging too because you realise you're not alone. You need time, though, to build trust. You can't be rushed. So it's hard when meal lines and standing for count have you bolting out the door back to the unit.

Eventually, conversations with my psychologist became a safe getaway from the unit. All I hear about is drugs, street life, and who's messing around with who. We talk about goals and sometimes it is pleasantly philosophical. The discussions take me out of here and focus me on what's important in my life. Sometimes when you're surrounded by negativity, you forget what you're working towards. It's frustrating to be in this environment. It's like a big family reunion and everybody's doing dead time. I have nothing in common with the other women here so it's hard to keep my own hope up. When I see the younger generation around me, I panic for my own children and my grandchildren. It's like disaster waiting to happen.

I have gained some useful information from the sessions. I'm learning to relax through some literature he suggested, which has been very helpful. I've also followed his advice and enrolled in the 12 Step Program. Although I don't have a substance problem per se, I'm still benefiting very much. I'm learning to not be so proud as to ask for help. It's a huge change for me. So I keep going back for sessions because I don't want to give up. Maybe the next time I'll receive another nugget of information. Ironically, it's been very validating for my psychologist to tell me, "You're definitely out of my field." This phrase has been like the hallelujah chorus to me. I'm always worried about getting caught up in this dysfunction.

The atmosphere here has pushed me to work on my goals. Everything is bewildering so I've had to ask for help. I've relied on some of the girls who know the system. In particular I'm very thankful for my roommate. She's wise to this jail society and I hope to reciprocate when we're both out. Surprisingly, I've also received some good support through one of my bosses here. She gives me commendations and a sense of self worth – that's a hard thing to find in a place like this. I've appreciated the spontaneous chats with other staff too. Their moods can vary greatly, but generally I find them optimistic. A private chit chat with a sympathetic ear can make it feel less lonely. There's also the monthly ladies' church group and the institution's Pastor, who has been my biggest support. He has gone out of his way to help and it's been very reassuring. If nothing else, this experience has taught me three things: 1) I can be taught by anybody, 2) Don't be afraid to ask questions even if it sounds stupid and 3) I can't fix everything.

The only time I find it tough to work on my issues is when I get lumped together with all the other women. Staff tells us, "Do your own time" yet we lose privileges when one person messes up. It's hard to focus on change when you're worried about trying to maintain your individual basic rights.

I have a lot of empathy for the other women here though. Maybe because of my background I'm compelled to listen. Sometimes it's tiring when I'm trying to heal too. Unexpectedly through all of this, though, I've gained a certain amount of respect here. I think I've become the resident mother and advocate. They don't need to write out a request to see me when they're in trouble. They definitely know not to swear around me and they'll expect a glare when our chapel time is used as a dating service. It's hard for me to believe that women in this society are still fighting for their rights. It's even more surprising that I've taken on the cause in here, encouraging them and challenging stereotypes. I've learned compassion for lives that are entirely different from my own. I am reminded to take that knowledge with me into the future.

Through this experience, I've learned to open up with others. I've stayed the course and I know I can continue to change. I think that attending counselling here has prepared me to seek it on the outside. Unfortunately my issues haven't fit the mode of programming offered here, so I'll take it to another level once released. I'll definitely try for a female therapist next time too. I wish I would have had that opportunity here just because I think women are better able to understand each other. I'm also going to teach my family what I've learned. I won't be relied on to solve everything. They need to know that.

Raven's Experience

Raven's experience of counselling in prison is captured in the following 10 themes: (1) A Little Bit About Myself, (2) Incarceration Is An Opportunity, (3) The Importance of Readiness, (4) Finding Professional Support: Allowing Me To Breathe, (5) The Importance of Trust, (6) Essential Qualities of Change, (7) Drawbacks of Counselling, (8) Actively Creating Positive Moments, (9) The Environmental Strain of Prison, and (10) New Possibilities. Raven's experience is discussed in relation to each of the 10 themes.

A Little Bit About Myself

Raven identified previous life experiences that influenced her counselling experience. She gave a brief history during the interview, which was consistent with her stated tendency to be cautious with professionals and strangers alike. She informed me that she was incarcerated for a longstanding problem and had a history of attending counselling in the past. She had attended sessions through Social Services for child protection issues. When Raven was rated at high risk for relapsing into an unhealthy lifestyle she was saddened that her children continued to remain in care, but respected the counsellor's decision. She knew she needed to help herself first. Raven also attended counselling to deal with concerns that she had experienced as a child. She described these sessions,

> It [previous counselling] was great. It was about my life change and what I went through as a child. And um I was very open and honest with everything. . . . So um I enjoyed it. Like you know I got to take, well I got

> to relieve some of the things I was going through by just talking about it with somebody that was willing to listen.

Generally, Raven held a positive opinion of counselling prior to her incarceration. Although it was challenging at times, she built respect for the profession through her past experiences in therapy.

Incarceration Is An Opportunity

Raven spoke strongly about using her time in prison as an opportunity, including capitalising on the free counselling. To her, she had nothing to lose. She was thankful for a short sentence and viewed her first time custody as a wake-up call. She stated, "My opinion is that I don't want to live this lifestyle anymore." She described prison a chance to reflect and focus on her change. She stated,

> This [incarceration] has given me a chance to realise what's important to me once I get out of here. And um I have time to stop and say hey, what is important to you? What are you gonna do to change when you get out? What's the step you're gonna take to make sure this never happens again? So there's a lot that I've you know I'm thinking about.

The Importance of Readiness

Many times throughout the interview Raven spoke about the importance of being ready for counselling. Her discussions of readiness referred both to her overall attendance in therapy as well as her readiness to discuss particular issues once engaged in counselling. Generally, she viewed herself as prepared for counselling but she lacked readiness with regards to certain issues. She knew that these problems must eventually be dealt with but until she let herself "break down" she would continue censoring her discussions. She stated, "Once you hit that breakdown point then you know you're ready." Sensitive issues aside, Raven had plenty to discuss. She stated,

> I haven't gone into details about the physical and the other abuse but um I've opened up about losing my kids and growin' up without a mother and you know so there's different issues around it. It's not just the abuse it's the fact that abandonment is you know one of them or you know not feeling that you're loved yeah so there's different stages. So you have to if, if you're in that life and there's different stages you do have lots to talk about until you're ready to get into the other stuff.

Related to the issue of readiness, Raven believed that internal motivation was necessary in order to change. She acknowledged that external supports are helpful, but her change was contingent on herself not others. Therefore her attendance in counselling was primarily born out of her own readiness and desire to change. In a broader context she stated, "I think the woman finds the psychology, not the psychology finds the woman."

Finding Professional Support: Allowing Me To Breathe

For Raven, finding professional support was a relief. She found the counsellors to be genuine, a stark contrast to many of the residents she described during the interview. She described counselling as a way to release her tension, which allowed her life to flow easier. It was important to Raven that she was allowed to reduce her stress at her own pace. She did not feel rushed during sessions and instead was given the unconditional support from her counsellor to take her time. Even though she was unprepared to address her most sensitive issues in counselling this time around, she trusted her counsellor. She felt that he would listen if she chose to risk it all. She stated,

> I know if I ever really open up with him I know he'd be there for me, he'd listen. And him listenin' is a big thing for me. Cuz if I want to pour my heart out you know, and my experience as a child then if he's listening then you know he's a good listener, yeah he is.

Raven also spoke of how counselling provided her with relief from her daily living environment on the Unit. Generally after a session she felt more relaxed. She felt indebted to both the services of psychology and psychiatry. Medication and therapy had been great stabilisers particularly during a rough spot in her incarceration. Overall, the professional mental health services at the prison provided Raven with critical support and allowed her to breathe.

The Importance of Trust

Raven identified trust as a critical factor in her counselling experience. Regarding the therapeutic alliance, Raven discussed how trust took time, and like with anyone, Raven took "baby steps." Sharing personal information in prison was generally a dangerous endeavour and not until she was familiar with her counsellor did she feel comfortable disclosing on a personal level. For Raven, her level of openness was directly related to the amount of trust she felt in the relationship. She carefully assessed the counsellor's trustworthiness by attending to his words and assessing his eye contact. She also watched how he talked to her and whether he was truly hearing what she was saying. These aspects told Raven whether she was able to trust him – and she did.

Raven also experienced a substantial amount of trust during group programming. Her disclosure was contingent on feeling safe in the group. Outside the group, she also appreciated the support network created by the bonds of trust. She stated,

> If you talk about something and you were feelin' vulnerable you know you have one of the girls you can go to and say well you know today what I said in class, it's starting to you know make me feel sad . . . .

In essence, in order for Raven to disclose personal information, she needed to trust those supporting her. This was an important part of her experience and trust helped her to work towards change.

Essential Qualities of Change

Change meant a number of different things to Raven now and in the future. For now, while she was waiting to be released, change meant addressing her problems first. She stated that was a lesson she had learned long before her incarceration, but this time she was living it. She took her change in "bits and pieces." These steps eventually brought her achievements such as receiving her program certificates. She described how rewarding it felt,

> Gettin' my certificate! That was memorable. That was great. I'm glad I went to it . . . Oh it's like I achieved something for the very first time in a long time I achieved something and it was like wow! It is a very good feeling.

For Raven, change also meant making the most of her support network. She realised that she was fortunate enough to have people in her life who were willing to help and so in her words, "... why not take advantage of it? Change."

After she was released, an essential quality of future change involved fear. She stated, "There's nothing exciting about change, it's scary. There's nothing exciting about it. I wish it wasn't scary. I wish it was something else but it's scary." Change in the community meant avoiding temptation and acting with consequences in mind. Now, when she was faced with high-risk situations, change was going to involve withholding her natural impulses and thinking about the effect on herself and her family instead. At the time of the interview, Raven expressed sincere concern for her ability to complete this change in the face of temptation. She knew her triggers and waited to test her change upon her release.

Drawbacks of Counselling

Not all of counselling was positive for Raven. She was frustrated when the services became bottlenecked. Sometimes sessions were unavailable when other residents monopolised the psychologists' time to be seen for medication clinic. Raven described,

> ... it can get really busy. It seems like everyone wants to see the psychologist so they can see the psychiatrist so they can get meds. And you have to go through psychologists before you see the psychiatrist.

Raven also struggled with self-disclosure in sessions for a couple of reasons. First she found personal disclosures risky and sometimes the experience left her feeling too vulnerable. Second, there were times that she regretted her disclosure in counselling. By saying too much, she felt angry and more susceptible to taking her anger out back on the Unit. She stated,

> Once you start opening up . . . to the psychologist and you're done and you're walking back and you go shit! Should I have said what I said? . . . and I'm like I'm so angry about what I just opened up and said to the psychologist and he's not in front of me . . . so you know why not take it out on somebody else? So that is a big risk . . . .

Raven also discussed the financial drawbacks to counselling. She planned on continuing sessions after she was released, but was worried about not having enough money to pay for quality psychological services. For these reasons mentioned above, some of Raven's experience included perceived drawbacks of counselling.

Actively Creating Positive Moments

Raven discussed the usefulness of creating positive strategies to help cope with the stress of change and her environment. Regarding the latter, she built a sense of freedom from her incarceration by mentally escaping her environment. She would find ways to move about the institution, with proper authorization, where she could go outside, experience the fresh air, and give herself a sense of peace. When unable to leave the Unit, she continued to create positive moments by perceiving choice in how staff treated her. She described herself as being polite in order to avoid confrontations with guards. In terms of creating positive moments in her change experience, she used distraction techniques when her change began to overwhelm her. In these times, she attempted to shift her thoughts away from her fears; for example, she read books, took naps, and engaged in activities to occupy her mind. In a similar vein, she buoyed her emotions and staved off depression by keeping her focus away from her incarceration. She found no point in crying for her children or shedding a tear about her sentence in custody. Lastly Raven found that despite her situation she was able to find support in other women residents. She acknowledged that it was mostly their circumstances that brought them together, however, there were a few residents that she identified as friends and that she used as supports.

The Environmental Strain of Prison

Raven's immediate surroundings were a significant part of her counselling. The strain of the prison environment permeated through many aspects of her experience. She spoke about the separation between guards and residents. She felt devalued by the power differential and rejected the guards' support. Sometimes she felt worthless in her own environment. This sense of being "The Lowlife Criminal" implicitly challenged the self-worth that she was attempting to build through her counselling experience. Raven also discussed the importance of lying to avoid scrutiny by staff, particularly with regards to feeling down and/or suicidal. She stated,

> They just asks you know are you feeling suicidal. . . . [and] you sometimes lie. You're not gonna tell them right away you know. You're not gonna say okay yeah this is what's going through my mind right now or you know because I think they'd watch you closely yeah and I think that I don't need to be watched closely.

Raven had already experienced segregation prior to this interview and found that punishment in prison was a nightmare. She did not want to give staff any other reasons, including her emotional stability, to put her in segregation again. So even though her counselling experience included being open and honest, her immediate environment positively reinforced her dishonesty by avoiding further examination by staff. However, it wasn't only the dynamic of guards and residents that caused strain for Raven. The other women residents themselves frustrated her and challenged her old patterns of behaviour. Generally she found the living unit immature and annoying. She described it as a "play school" where people were nosy and lacked courtesy. Essentially, she was trying to change in an environment that did not afford her privacy, challenged respect, and threatened a sense of self-worth.

New Possibilities

Raven described new possibilities she received from her experience of counselling. First, Raven viewed counselling as an important part of her relapse strategy. She figured that if she stopped therapy upon her release, her life would spiral out of control once again. She said,

> I don't wanna just drop it . . . . because I would go out right back to where I started. . . . and then you all just get caught up and then I will be back in here on somethin' and then I'd have to go through psychology psychiatry all over again!

Second, despite all her challenges both in her immediate environment and from her past, Raven believed that change was possible. She used her current experience as positive reinforcement that she could be different. Along with her own resilience, her program certificates told her that she can do it – a stark contrast to her old pattern of saying, "I can't." From this experience, she became an advocate of change. In her closing statement she said,

> You know take one step at a time but if you want to change I would say go for it . . . . My life could have ended many, many times but here I am still so do your best. Do what you can and if you're willing to change, trust me you will.

Overall Synthesis of Raven's Experience

I came to jail because of an addictive lifestyle. My life could have ended many times, but here I am. It seems luck has continued to follow me cuz I got less jail time than expected. Even though I can't say I like it here, it's made me stop and think. Otherwise I'd still be out there screwing up.

I've been to counselling on the outs before. Even though I was directed to go, it was really good. I was as open and honest as I could be without risking too much. I liked getting out some of my stress just by having someone who was willing to listen. I remember one psychologist though, she told me I was at high risk to relapse and I didn't get my kids back. It wasn't music to my ears but I respected her for her decision. She was right. If I couldn't be good to myself, how could I handle the kids too?

I came to psychology this time around because I was depressed. If I hadn't seen someone, I wouldn't be here. So far the counsellors that I've dealt with are very heartfelt and nice. They don't judge me and they give me the help that I need. I'm also seeing the psychiatrist, he helps me with meds for my anxiety.

I have to be honest, though, sometimes you lie when you get the suicide questions. You're not going to admit to a lot when you first come in. Otherwise you're marked as a problem and they watch you closely. I don't need that.

It took me some time before I could trust these psychologists. I would watch their reactions and see if they would look me straight in the eyes. If I'm going to share something so personal, I want to know that you're really listening. So, we took baby steps, one at a time. After I felt I could trust them, I started opening up. It felt very private, particularly with my psychologist. There's a good connection with him. In those sessions, I released some of my feelings that have been bottled for a long time. I know if I really opened up with him, you know poured my heart out, he'd be there for me.

Psychology gets very busy here because it seems like everyone is trying to go through to the psychiatrist for meds. Last time I stopped taking my meds I landed in hospital with a nervous breakdown. The others, however, are looking to score medication for a distraction or an easy way to pass time. As a result, my psychologist becomes unavailable – he has so many people to see. It's frustrating because if you're not ready to change then don't waste the other person's time.

This place doesn't have bars, but when I'm in my room it feels like the same thing. This is jail and we're all criminals. It's not fair to say my life is out of my hands, but I don't have a lot of input. The basic things – like when I eat, sleep, and exercise – I get told when I can do what. Also, it's like a play school in here.

Everybody's in other people's business like they have nothin' better to do. Some girls can make it hard for you in here but I have a choice about whether to be in someone's face, even with the guards. I know my temper. Despite all this I have to admit there are surprising changes have come from this prison experience too. I miss my kids and this has reminded me about what's important. I'm not distracted by the day to day struggle. I ask myself whether I'm doing the right thing. I've never done that cuz before it used to be all about action – no thinking.

I also took a program that helped with believing that I can become a different person. Even though I wasn't like most of the others there, a lot of good came from attending. I even spoke a little bit about my own battles because I knew it was going to be kept confidential. We leaned on each other during the other times too. There was a lot of support in that group. The best part was when I received my certificate. It was amazing to see that I could achieve something after so long. It felt so good.

Change has come very slowly and at my own pace. I can't be forced to change. Now that I've stood still long enough, I've realised that I don't *have to* live this life anymore. I'm challenging my own thinking. I used to believe it was too hard to change but now I'm seeing the possibilities. I'm no longer making excuses. I have support on the outs, but it's up to me. I'm using my time here and finding my change has a lot to do with attitude.

I know I still have work to do. If I don't deal with the hidden personal stuff I'm gonna explode like a volcano, but this isn't the place. Besides, I'm not ready to deal with it. Sometimes playing terrible moments in my mind keeps me from talking about personal issues. Whenever I try to talk about it, I stop myself. Anyway, I feel like if I opened up in here, I would instantly regret it. I can't take my anger out on who I want to, so I turn it onto somebody else. The last time my emotions spilled out it landed me in seg. That was by far my worst experience here. No socks, underwear, sheets, or pillows. It was cold.

There's nothing exciting about change - it's scary. I wish it was something else, but it isn't. I don't know how it's gonna be on outs, you never can tell until it happens. It's a whole different world out there. I'll take baby steps I suppose, just like the ones I took here. I keep telling myself I can do it. When things get tough here, I try and think about something else. I'll probably keep doing that – there's no point in getting emotional about. You just gotta do it.

I don't think getting treatment is a bad thing like everybody says around here. I'm getting support and it's free. Otherwise if you don't have money, you can't get the good counselling. The experience has made me more comfortable about opening up. There's been a lot of good talk surrounding the deep stuff. After this is over I'm looking forward to continuing my treatment. It'll be nice to have someone to talk with on the outs. Besides if I got a lazy attitude and stopped going, I'd end up right back where I started. What's the point? I'm starting to change, why stop now?

Thelma's Experience

Thelma's experience of counselling in prison is captured in the following 11 themes: (1) Snapshot of My Mental Health History, (2) Losing Myself: As The Door Slammed Behind Me, (3) Navigating Trust, (4) Mental Health Ignorance,

(5) Missing The Mark In Counselling, (6) But To Give Counselling Some Credit, (7) Fighting The Decline, (8) Running On Existing Skills and Supports, (9) The Importance of Attitude, (10) Counselling – Staying The Course, and (11) On Being A Minority. The analysis of Thelma's experience is based on the data gathering interview as well as a letter that Thelma had written for the express purpose of the study, which she had given permission to be used. Thelma initiated writing the letter due to her declining mental health. She wanted to capture her experience both verbally and in writing for the purpose of this project. Thelma's experience is discussed in relation to each of the 11 themes.

Snapshot of My Mental Health History

As with all the other participants, Thelma described relevant background information that became a part of her counselling experience. Specifically, Thelma had a history of multiple hospitalisations due to a diagnosis of Bipolar disorder she received over a decade ago. She admitted that she probably had developed her "illness" (her words), long before she was ever diagnosed. She also had the ability to dissociate. It was a tool she carried with her from a chaotic childhood.

Thelma had also been working with a psychiatrist for over a decade back in her hometown. He was both her psychiatrist and counsellor. She described their work together as varied in therapeutic modalities but constant in their collaboration and decision making. She had a great amount of faith and trust in him.

Move to the recent past, when Thelma was admitted to prison, she was automatically assigned a psychologist and a psychiatrist. The institution was aware of her mental health concerns and had prepared for her initial arrival.

Losing Myself: As The Door Slammed Behind Me

Thelma talked about the emotional upheaval she experienced upon being incarcerated, which in turn affected her counselling experience. After a dangerous attempt to self-medicate, she was shocked to find herself in prison. She was in a foreign land and many described her as looking lost and fragile. She described her state, "I was an absolute 'fish' when I arrived here. I have been described as looking like I would shatter like broken glass."

Her initial entry into prison was riddled with humiliating and degrading experiences. Two specific instances stood out in her mind, which she struggled to resolve long after they had occurred. In the first instance, she described the strip searches that she faced while incarcerated. Her first experience of this episode was particularly burned into her memory. She described it,

> Soon after we are "admitted" we are strip searched which includes squatting 3 times and coughing hard then spreading your cheeks for the guard, while bent over. I knew that first time I had experience the loss of something I would never resolve . . . .

The second instance spent her emotionally and physically when she had a stand-off with her temporary crew boss.

> I was introduced to my [temporary] cleaning supervisor . . . I stared into eyes as blunt as nail heads . . . . On my second day . . . I was sent back in

> disgust. I found her reeling down the hall, ponderous, yelling, "Thelma – do I have to tie you with binder twine to keep track of you? Wash the dining room chairs" . . . I re-cleaned all 300 or more of them.

Including these examples, Thelma identified a number of incarceration experiences and peripheral challenges that she faced while trying to engage in counselling. She felt herself slipping away and struggled to maintain herself in an environment that was, to her, foreign, humiliating, and degrading.

Navigating Trust

Trust is a major issue in prison, and for Thelma it was an important aspect of her experience. She learned very early in her sentence that, "without a doubt," the cardinal rule is to trust no one in prison. She spoke globally about this rule, but also indicated that trust was available – she just had to be very careful about navigating its terms.

When it came to the other women residents, she described finding their trust was next to impossible. Despite living with approximately 60 women at the time, she felt like she was alone. She was luckier to find support in a contract worker who became her permanent crew boss. She found this relationship to be a pleasant anomaly. She felt supported in this relationship and shared reciprocity in each other's trust. A rare find for Thelma indeed. When it came to the psychiatric services, Thelma was suspicious. Her medication was changed and she started to question the motivations for the switch. In short, she felt like an experimental lab rat. The experience resulted in losing trust for the psychiatric services.

Outside of prison, however, Thelma had one great trust that buoyed her mentally and gave her strength. Her brother provided a continuance of help. When Thelma's trust dwindled on the whole, she could still access her sibling. He was her greatest support.

Mental Health Ignorance

Thelma experienced a series of incidents where she was labelled because of her "mental illness" (again, her words). Thelma viewed her illness as something that was a part of her but did not define her. She stated,

> I've lived with it for many years. I really can't say that the fact that I have the illness rules my life. I mean I'm used to living with it. It's a part of my life like someone with diabetes I suppose. You know it's an illness that I carry with me.

When she came to prison, however, her illness gave rise to negative perceptions by other residents in her immediate environment. She described some women using it as a weapon, calling her derogatory names. This experience of labelling was pervasive throughout her incarceration and was quite a contrast to her own beliefs and past experience in the supportive environment back home. Despite the judgements, though, Thelma was able to find her humour and used it to sustain herself against the stereotypes. For instance, while she was waiting in line to see the psychiatrist, she described the irony of the following event, "I had somebody call me a whack-o or a weird-o whatever . . . . and she's one sitting in the waiting room waiting to see the psychiatrist next! [laughing]" Generally, this thematic cluster speaks to the ignorance that Thelma faced in her daily environment with respect to her mental illness. Although unfortunate and incongruent to how she viewed her herself, she was able to find humour, which protected her against the negative judgements.

Up until this point, most the thematic clusters in Thelma's experience have surrounded environmental, interpersonal, and cultural aspects of the institution that provided context and challenge to her experience. The remaining aspects speak to her engagement in therapy and her attempts to find balance. It should be noted that for Thelma positive change was not typical of the phenomenon being investigated. Rather, her change involved a spiral downward – a change for the worse. The aforementioned clusters of environmental, interpersonal, and cultural aspects were crucial to her experience. For Thelma, the combined result of these influences was ultimately negative. The following thematic clusters discuss how this change occurred and influenced counselling.

Missing The Mark In Counselling

Thelma identified factors that resulted in missing the mark in counselling. Through careful pre-planning with her psychiatrist back home prior to sentencing, she felt relatively safe preparing for the eventuality of her incarceration. She had three months worth of medication and was willing to try the therapy while incarcerated. The first session of therapy was uncomfortable but she thought, "I really couldn't be hurt by this incident." She did not give up hope.

Thelma continued to find difficulties establishing rapport with her counsellors as time went on. Their caseloads seemed gigantic and the pressure of time limited their sessions. To compound the issue, she felt few professionals understood her diagnosis compared to her psychiatrist back home. She felt lost in the shuffle. It was like they were running in circles and nothing was being resolved. Significant issues were going unasked and after one particularly frustrating session, Thelma reached the pinnacle of exasperation. She described the experience,

> So today one of the psychologists was lucky enough to get me for evaluation. "How are you?" Manic. He was taken aback. "Can you explain manic?" You are the psychologist – you explain it. "Well, you shop a lot . . . ." I was dumbfounded. Was he giving me a pass to Wal-Mart? . . . "What do you write about?" [he asked] HATE LETTERS to the guards. He glanced everywhere about the room as if looking for a place of escape as I started to pace. I said, Look, I think I have the wrong person here – no offence. [He said] "Just a couple more questions and we're done, what meds are you on?" They are written right there on that chart. "Oh yes. And your most recent problems?" I'm starting to shit the bed. I left.

Thelma admitted that she also contributed to the experience of counselling missing the mark. Something within her was not ready to disclose personal information. She felt herself hold back in sessions. She did not feel ready to share. She stated, "Sometime that week I saw my first psychologist. I did not dislike him, but could not open up to him either." She continued to feel safe in the knowledge that after this experience was over she could resume her familiar and safe relationship with her psychiatrist back home. Coupled with her aforementioned difficulties navigating trust in prison, Thelma admitted that she was not ready to be forthright in these counselling sessions.

Lastly, the paucity of available programs surprised Thelma. She expected more programs than what was offered. She also had difficulty accessing the programs, mostly due to limited enrolment and her not acting fast enough. Learning the ropes became important in getting into programs.

Thelma spoke to the limitations in counselling, both what she experienced and created through her own discomfort. Her counselling experience was not completely futile, however, as is discussed in the next cluster below.

But To Give Counselling Some Credit

Thelma talked about positives that she received from counselling. Although she described the heavy caseloads as a major limitation, she acknowledged that her most often seen psychologist was thoughtful and concerned for her wellness. She sensed his desire to help in some way and she found him stimulating in an otherwise barren environment. She stated,

> I suppose my psychologist has me curious . . . he's interesting enough that some of his insights are things that I can take back and work on and . . . try to analyse and think about and it's good for me.

She acknowledged that the psychologist's suggestions were helpful emotionally. For instance, he provided her with a useful coping strategy that she actively incorporated and practised on a daily basis. As a result of these and other positive experiences, Thelma conceded that even though counselling did not measure up entirely, her reason for attendance went beyond simply wanting a gateway to the psychiatrist.

Fighting The Decline

As previously mentioned, Thelma viewed her change was largely for the worse, not the better. Other people noticed her decline too, both physically and mentally. She was worried that her prison experience was going to have a permanent negative impact on herself. She started to notice unpleasant personality changes. Her primary concern, however, was breaking down on the Unit, particularly because it meant a suicide risk and time in segregation. She had witnessed others' decline and placement in segregation. Thelma also feared re-experiencing past breakdowns. "I'm so terrified of a psychotic break." She had been there before and the experience had landed her in intensive care. Following the acute stage, she stated it literally took years for her to recover. She could not afford another experience like that.

Fighting her decline meant that everybody, staff, herself, and other women, was vigilant and referred her to psychology when concern arose. Thelma was desperate to stay ahead of her illness, so she attended sessions and attempted to co-ordinate advocates to help stabilise her mental health. She contacted her old psychiatrist back home, accessed the local Elizabeth Fry Society, and also prepared herself to seek legal support if necessary. She did not want to lose her mental health as a product of her incarceration.

Running On Existing Skills and Supports

Thelma attempted to use existing skills and maximised her current supports in order to counteract her undesired change. She drew on established coping strategies that she had accumulated while taking previous self-help classes prior to her incarceration. Journalling, prayer, visualisation, and writing to her family all helped to combat her decline. She also found coping by attempting to isolate herself from her feelings. In the spirit of self-preservation, she blocked her emotions. Alternatively, she distracted herself from her own problems by giving support to the younger women on the Unit. She used her natural mothering role for comfort and coping. She stated,

> A couple of the younger girls . . . . they come to me . . . and I'll try not to get too deeply involved but I'll say you know give them a little bit of advice and I've had a couple of them come and just give me a big kiss on the cheek and just wrap their arms around me and say, "Thanks mom, I just needed that" . . . . and it's just nice to be somebody else's support for a little bit, that's helpful to me. . . . they've been around when they need a mom and I need a daughter.

Lastly, Thelma found a sense of value and support through her crew boss. It was an excellent relationship that gave Thelma refreshment and relief by connecting with someone who came from outside the institution. She enjoyed hearing about this crew boss' outside life and she maximised these conversations to gave her a break from her daily routine. She described that her relationship with the crew boss, " . . . it does certainly give me a sense of value and worth and that's so very,

very hard to get in here." Thelma was active in trying to create positive moments for herself during a difficult time. She was not running on empty, rather she was running on existing skills and supports.

The Importance of Attitude

Thelma acknowledged that she had some power in determining the outcome of her experience, even if it meant in how she interpreted the situation rather changing her environment. For instance, she reported that despite the four walls and security, there was still a possibility to be happy. Her lack of freedom did not have to dictate a sense of unhappiness all of the time.

Thelma also acknowledged the implausibility of her comparison across past and present counselling experiences. She realised that her judgements were possibly too critical. She stated,

> I know I only know the tip of the iceberg as to what goes on in here. And I know there's a lot of people under pressure here and maybe I'm being too harsh in my judgements . . . .

Additionally, Thelma was aware that there was something to be gained from her struggles while incarcerated. Concurrently she was encouraged by her long-time psychiatrist to look for the proverbial "golden nugget." She had experienced enough adversity in her life to know that she can learn from her challenges. This appeared to be turning into another one of those opportunities. In summary she said,

> There's been experiences in my life where I've sat back in the aftermath in whatever disaster I've lived through or created and said if only I knew during the

pain what I was learning how much I would have gained from the knowledge and that pain . . . .

Counselling – Staying The Course

Thelma spoke about her willingness to continue her attendance in counselling while incarcerated. She acknowledged that even though counselling was neither helping nor harming – she continued to attend because it was offered. She was ready to give it more time even despite sometimes wondering what to do with her therapist. Perhaps her willingness existed on the basis of her hope and belief in counselling. Ultimately at the end of the interview, she still viewed therapy as a positive endeavour. She had enough past experience with counselling and was not completely harmed by this experience to continue having faith in therapy. Counselling was still safe and had all the continued possibilities of being collaborative. In her final comment about her experience, she defined counselling as the following,

> I would say my definition of counselling is to guide and to allow a person the freedom . . . through support to create a balanced lifestyle that looks at all areas from recreation to emotional to financial to spiritual to family life um and all areas of life in balance to try and help the person to achieve as close as possible that balance within their life.

In the end she persisted in counselling in search of balance. At the time of the interview, balance was still quite elusive, however, Thelma was willing to stay the course.

On Being A Minority

Throughout the description of her experience, Thelma often referred to the political and social climate of the institution. It was an important part of her counselling experience because it placed limits on her abilities to address her concerns. She saw women residents as quite powerless within the institution. They both contributed to and accepted their silence by playing games and lacking a voice in which to speak out. Thelma felt oppressed as a woman in largely male-dominated environment. The differences in available programming highlighted the dichotomy. She even surprised herself at her own emerging intolerance towards the majority of women on the Unit who were of Aboriginal descent. In the big picture, however, Thelma understood that her concerns were rooted in politics and structure – things that could not be easily changed. Like Thelma said, "I know it goes all the way to the top of the institution."

Overall Synthesis of Thelma's Experience

I've been living with a serious mental illness most of my life. My diagnosis came later as an adult, but I remember scenes from my childhood that are both indicative and disturbing of how the illness developed. There have been trips to the hospital and many breakdowns in between. I was absolutely dumbfounded to even think I'd ever serve time, but after a dangerous attempt to self-medicate here I am.

Prior to jail, counselling had seen me through many difficulties in my life. I am blessed to have a psychiatrist back home who has been both therapist and doctor to me for over a decade. I trust him implicitly and I feel his total acceptance despite any failings I may have. We have forged a relationship over the years that has balance, collaboration, and support. We have integrated a holistic approach in managing my illness including medication and various therapeutic strategies. I have always felt fully informed about the decisions we make together. I take my mental health with paramount seriousness. I dread the day he will retire.

I arrived here looking shattered and broken. The intake process was brief, I don't remember much because I was still reeling from my first strip search. During that exposing moment, I knew I had lost something that I would never resolve. The suicide questions came and went. I politely dismissed the idea. Mostly I felt numb from the humiliation and shock.

Because of my history I was sent to Psychology by default. My first interview was uncomfortable and longer than I thought necessary. It was totally different from what I expected. The idea of rehabilitation crumbled in my mind. Head bobbing and smiling, I could feel the mask tightening on my face. Right then I realised that this system isn't equipped to handle my illness. It felt like the first of many steps backwards.

By now I've rotated through all of the counselling staff, which has been incredibly trying at times. I feel like I'm being tossed around haphazardly with no resolution. At times I've lost my patience in exasperation. I recall barking in frustration at one counsellor during the latest interview. I could feel my sarcasm rising as his same questions were repeated over and over. When he finally asked, "And your most recent problems?" I replied, "Well, I'm starting to shit the bed." He was startled. I left.

Despite my frustrations with counselling, the psychologist I'm most familiar with has shown me compassion and sensitivity. He's persistent and seems genuinely concerned about my wellbeing. He is interesting and gives me some food for thought. On a memorable occasion he transformed small words into a huge coping tool that I continue to use on a regular basis. He reminded me that my physical restrictions don't necessarily need to have me feeling trapped inside.

In six months my medications have changed so drastically I'm starting to feel like an experimental lab rat. Guards and women alike are watching me deteriorate. I'm deathly afraid I might be put in deep segregation – I've seen it before. I'm watching my personality change from quiet to aggressive to resentful. I wouldn't have ever thought of myself as prejudiced, but it's gaining ground. I'm afraid that I'll leave here a much worse person than when I came in. So, I try to hang onto my wits and use the skills I've collected and nurtured from my past. Journalling, reading, relaxation, visualisation and so on have all become ritual weapons to fight my decline.

It's hard to stay sane in this environment. I've lost faith in the system and anybody who is involved. My focus on the real world is challenged daily by the games of manipulation and the inherent power struggles. I have learned one thing beyond a question of a doubt: Trust absolutely no one. It's not a safe environment. Unpredictability is rampant along with innuendoes and assumptions. Everybody seems to walk around fearing something. Name calling and judgements are exchanged at blinding speed. The other day we were all waiting in line at the psychiatric clinic. I was called "loony" by the women sitting next to me. Isn't that like calling the kettle black?

Perhaps I had too many expectations coming into this facility. For rehabilitation, I honestly believe that these may be good and wonderful counsellors but their caseloads are too big and the assortment of inmates too diverse. I was also unprepared for the gender dichotomy. I've consistently felt like a woman in a man's environment. The programs and organised activities seem to favour the men. The women themselves don't help matters. I see girls give away their self-respect, their power. They sit on the unit with broken hearts from the men who play prison games. It hurts me to see the degradation of women – another backwards step.

I am fortunate to have some encouragement in this experience. My biggest supports have been my family, the Elizabeth Fry Society, and the idea of returning into the care of my psychiatrist back home. I have also received comfort from my crew boss here. She's like a little piece of the outside world and it's a breath of fresh air. She believes in me and reminds me that I have value and worth – that's so very hard to get in here. I also get support by giving it to some of the younger girls on the unit. They don't have mothers in their lives. I don't get too deep, but I let them cry on my shoulder and offer them bits of advice. They come around when they need a mom and I need a daughter. I'm fortified with strength from these supports and they have been integral in my search for mental health.

I know I can learn something from this battle. Right now the real work is on the shelf, but I'm not going to let this time be a waste. I won't give up. Perhaps I've been too strong in my judgements about the system. I recognise the high turnover, the budget constraints, and the environmental stress. They can't help me in the way that I'm looking for, so my plan is to continue seeking as much as balance as possible. I believe that I can still grow through whatever disaster I've lived through or created. This one may take awhile, but I'm sure the lesson is there.

Shared Experience

The common experience of all of the participants can be described in 19 themes: (1) Losing Control: Factors Leading To Imprisonment, (2) Accepting My Concerns, (3) Seeing Opportunity, (4) Conceptualising The Process, (5) Motivational Issues: Feelings About Attendance, (6) Importance of Trust & Talk, (7) Searching For Relief, (8) Helpful Aspects of Counselling, (9) Hindering Aspects of Counselling, (10) Persistence in Counselling, (11) Taking Responsibility, (12) Challenges to Change, (13) Essential Qualities of Change, (14) Mixed Reviews: Previous Exposure to Counselling, (15) Established Skills & Supports, (16) Shared Stories Shared Support (17) The Resident Culture, (18) Supervision & Emotions, and (19) Resident-Staff Relations. Not all first ordered themes from each of the participants' experiences could be clustered into the shared themes, as some were too closely bound within the experience of the individual.

These 19 themes can be further understood as representing 6 higher order themes: (1) Identifying Pathways to Counselling, (2) Women's Perceptions of Counselling, (3) Influential Qualities of Counselling In Prison, (4) Describing Change, (5) Influence of Client Factors, and (6) Living Inside: Understanding The Prison Climate. The shared experience is presented in Table 1 and will serve as the framework for presenting the shared results of the study.

Table 1

Shared Experience of Participants

Higher Order Themes	Shared Themes
Identifying Pathways to Counselling	Losing Control: Factors Leading To Imprisonment Accepting My Concerns Seeing Opportunity
Women's Perceptions of Counselling	Conceptualising The Process Motivational Issues: Feelings About Attendance
Influential Qualities of Counselling In Prison	Importance of Trust & Talk Searching For Relief Helpful Aspects of Counselling Hindering Aspects of Counselling Persistence in Counselling
Describing Change	Taking Responsibility Challenges to Change Essential Qualities of Change
Influence of Client Factors	Mixed Reviews: Previous Exposure to Counselling Established Skills & Supports Shared Stories Shared Support
Living Inside: Understanding The Prison Culture	The Resident Culture Supervision & Emotions Resident-Staff Relations

In the following pages, each of the 19 shared themes is briefly discussed. The purpose of this description is to build towards the overall shared description. It is here where movement away from the individual experiences occurs and integration of the results begins. Therefore, individual experiences are referred to briefly but quotations are absent from this section as to lessen the amount of particular attention to any one of the participants' experiences.

Identifying Pathways to Counselling

All of the women spoke of precipitating factors that influenced their counselling experience. These factors, or pathways, were clustered into three major areas that highlighted their imprisonment, the acceptance of their concerns, and their ability to recognise emerging opportunities. Below, each of the three pathways is discussed.

Losing Control: Factors Leading To Imprisonment. There were differences in the patterns and specifics that led to each woman's incarceration, however, the common thread within their stories was feeling the loss of control in their life. Each woman had something to say about feeling powerless and stressed by her situation. They described trying to cope as best they knew how, yet it was these coping styles that ultimately led to their imprisonment.

Accepting My Concerns. All the women in the study spoke about the importance of accepting their problems as part of their pathway to counselling. For one, it was her "biggest light bulb" to acknowledge her concerns. For others, they realised that their coping style was no longer helpful, and in fact it was a lifestyle liability. Many of the participants described that other people in their life had already expressed concern about their problems in the years past, however, it was not until the women identified and acknowledged these concerns themselves that acceptance could occur. In all, each woman came to the understanding that acceptance of her problems was change in itself and acceptance could allow further change to occur.

Seeing Opportunity. In this last pathway to counselling, each of the women talked about seeing opportunities in their circumstances. Although incarcerated and away from their regular support network, these women found potential in their environment. In the proverbial sense, all had the ability to see the silver lining. Optimism and a positive attitude helped the women recognise the chances they had been given by their incarceration. Some used the actual incarceration as a "wake-up call," referring to their imprisonment as a "blessing in disguise." Other women saw the opportunities within their environment and used these moments to capitalise on self-improvement. Each of the women interpreted her opportunity individually, but the common factor was that they all demonstrated a willingness to learn from their incarceration. Each could see possibilities, thereby creating a pathway to their counselling experience.

Women's Perceptions of Counselling

All of the women spoke about their ideas of counselling, which in turn influenced how their personal experience was reflected. Their ideas of therapy were shaped by various influences and from this shared experience, two thematic clusters emerged. The first cluster involves the women's conceptualisation of the counselling process and the second cluster speaks to the motivational issues that surrounded their attendance in therapy.

Conceptualising The Process. All of the women had ideas about what counselling is and/or what counselling should be. In their descriptions, the women discussed counselling as an endeavour to help better oneself through talking. Therapy was seen a process of integrating life aspects and getting support for their problems. The opportunity to change was an attractive benefit along with an ability to release daily pressures and concerns. Safety, trust, and acceptance were ideal qualities that were identified by the participants. Counselling was ultimately for the advantage of gaining balance for oneself.

Motivational Issues: Feelings About Attendance. All the women had firm opinions about their attendance in counselling. They recognised the context of prison in their attendance, but each was adamant that they were not attending therapy primarily for the virtues of the institution, i.e., privileges. Although aware that counselling can "look good," all the women were not interested in playing games and wasting their time in therapy. Even though some women were more eager to attend than others, all were in attendance because, at the very least, they were willing to give counselling a try. Combined with their above-mentioned conceptualisations of counselling, they saw the experience as desirable for personal reasons.

Influential Qualities of Counselling in Prison

The women spoke of a number of qualities that shaped their experience of counselling in prison. They all referred to the importance of trust and talk. They also identified both helpful and hindering aspects that influenced their sessions. Last, each of the women described the significance of remaining persistent, not only in their attendance, but also in their attempts to address their concerns while in therapy. Below, each of these factors is described in more detail.

Importance of Trust & Talk. All of the women identified the elements of trust and talk as essential components to counselling in prison. In terms of trust, the importance of this element occurred through diametric experiences. Some of the women felt that they could trust the process and their counsellors implicitly. Others felt that even though trust had not completely developed, it continued to be an optimal factor that they desired. Interestingly, when trust was underdeveloped, the women pointed to either their own discomfort or institutional constraints as the obstacles, and not the counsellor. In terms of talk, similarly all the women discussed the importance of being able to share with their counsellor, yet not all the women were able to freely disclose. Like the obstacles previously described, discomfort in self-disclosure and environmental barriers were impediments to talking. In essence, even though the essential elements of trust and talk were identified by all of the participants, not all of the participants actually experienced these elements to their optimal level. Despite this discrepancy between defining aspects and actual experience, all of the women reported that trust and talk were essential components of the counselling experience while in prison.

Searching For Relief. A defining element of counselling in prison included searching for relief, both from the environment and from the women's individual problems. The women often spoke about the desire to figuratively "escape" the Unit and the associated politics of guards and residents. One form of refuge was found in the counselling office, where there was space to focus on goals that prepared them for release. Others searched for relief through the counselling experience itself, where their tension was alleviated and they felt less burdened by their concerns. Relief also came in the form of a financial break, as a couple women spoke about how they appreciated the quality of no-cost therapy while they were incarcerated. They stated it was one less stress in their life by not having to worry about scraping together money in order to receive "the good counselling." Not all women, however, were able to find the quantity of relief that they were seeking. Yet in those circumstances, these women still described finding a minimum amount of relief from their concerns mainly through stimulating conversations with their counsellors. Therefore, despite their individual differences, each woman identified the search for relief as an influential element of their counselling while incarcerated.

Helpful Aspects of Counselling. All the women found helpful aspects of counselling in prison. From daily coping to long term planning, each of the women stated that counselling had been useful to various degrees. Some of the women received more benefits than others, yet all had something positive to say about the experience. Helpful aspects shared by all the women included the caring relationship with their most often seen counsellor, the potential ability for counselling to provide greater understanding of their concerns, and the process of self-reflection that was prompted by discussions in sessions.

Hindering Aspects of Counselling. The women also found hindering aspects of counselling in prison. The two broad categories that emerged included therapeutic barriers and institutional barriers. Regarding the former, all of the women identified some discomfort with their therapist at some point in the sessions. Feeling too vulnerable with the counsellor was a shared experience amongst participants that limited the therapeutic relationship. The issue of gender differences was another obstacle for those who had male counsellors. These women stated that having a male therapist gave rise to feelings of wariness and being misunderstood as a woman. Particularly with regards to issues of trauma, abuse, and being a mother in prison, some of the women felt that this gender discrepancy hindered their therapeutic relationship. Other women also spoke about their lack of readiness to address certain concerns, both stemming from their past as well as current situations that would incriminate them in institutional misconduct. By withholding particular problems and challenges, these women created a boundary in their relationship with their therapist that disallowed a certain amount of honesty. Sometimes this boundary limited the women from feeling close to their therapist. In another case, one particular woman became frustrated when important questions were going unasked in the counselling sessions. She reported that this absence in discussion threatened the therapeutic relationship.

By far, however, the more prevalent obstacles that the women discussed were the institutional barriers that hindered the counselling experience. All of the participants alluded to the enormous ratio imbalance between counsellors and residents. Many participants directly acknowledged their awareness of the financial and staffing shortages, which impacted the availability of therapists and rehabilitation programs. Many also acknowledged the frustrating bottleneck that occurs when other residents inappropriately monopolise psychology services for motivations other than therapeutic support, e.g., drug seeking behaviours and attempts to obtain early release. Paperwork was another obstacle identified as, in one woman's experience, the desire to talk with a counsellor subsided more quickly than the time it took her written requests to be answered. In a similar vein, another woman had difficulties obtaining sessions through the proper written request and eventually sought advocates to help her obtain sessions. In sum, all of the participants identified barriers in the counselling experience that were either related to therapeutic or institutional obstacles. In the next cluster, the importance of persistence in counselling is described despite these aforementioned barriers.

Persistence in Counselling. For all of the women, an influential quality of the counselling experience was their willingness to remain persistent in counselling. Even when the barriers seemed too great or the counselling experience was uncomfortable, all of the women were willing to stay the course in therapy. Many experienced a positive shift in thinking about counselling. They no longer wanted to avoid the sessions but rather embraced the belief that therapy can help people change. Others could have shunned counselling because they were not ready to discuss deep-rooted issues, yet in these instances they persisted and found safer concerns to address for the meantime. Other woman continued their participation in therapy even when it was not meeting their expectations completely. They chose to stay because of the potential benefits of counselling. Perhaps they would receive an important piece of information at the next session. One participant specifically stated that she also persisted because she believed this experience would help her become more comfortable in the future when she sought further therapy. Lastly, women persisted because they viewed counselling as an important part of their relapse prevention. They felt that stopping counselling would be detrimental and, for them, it was unbearable to think of starting the entire process all over again.

Describing Change

This shared cluster emerged as the women described their experiences of change. Through their descriptions, three main categories were found. These categories include the importance of taking responsibility for change, the challenges faced while trying to change, and the essential qualities of change. In the next section, each of these clusters will be discussed individually.

Taking Responsibility. For each of the women, taking responsibility for her change meant taking ownership of her power and her ability to influence herself. Change was not something done to her; rather, it was something she did to herself. Change required her focus and her commitment. Taking responsibility meant that she was accountable to herself. Even though there were significant barriers, she knew that she was largely in control of her actions and responses to those obstacles. Choice became a significant agent, which was guided by internal motivation. Being accountable for change meant acknowledging those things that she could not control. Even when change was negative, she knew that she was responsible for fighting her decline. In sum, taking responsibility meant actively trying to direct her change experience.

Challenges to Change. For all the women, change was difficult regardless of the direction, i.e., positive or negative change. Similar to the shared cluster "Hindering Aspects of Counselling," two categories emerged within this theme. Either the woman identified personal challenges to change and/or she spoke about the environmental challenges while incarcerated. Regarding the personal obstacles, change involved a number of uncomfortable feelings. Fear, guilt, and worry were some of the emotions acknowledged as a result of their experience. One participant reported that change is nothing but scary, a sentiment reflective of many women in the study. Other personal barriers included fighting negative coping styles that threatened to creep back into their repertoire. Some of these personal challenges included combating impulsive tendencies, angry outbursts, rescuing others, and using drugs when change became tough. As a result, change implied an attempt to acknowledge the personal barriers while concurrently finding alternative ways to cope.

Institutional challenges were also discussed throughout the interviews and identified as obstacles to the women's change. These factors ranged from structural to interpersonal aspects that were intimately connected with the prison experience (for more discussion of the prison experience see thematic cluster below: Living Inside: Understanding the Prison Climate). Although all the participants acknowledged that they were largely responsible for their individual change, many also believed that the interaction of the environment significantly influenced the quality and quantity of their change. Some experienced delays by waiting for programs or sessions while others found it difficult to establish a new identity that incorporated their change. Some saw change as more difficult in prison, particularly because practising new skills meant risking vulnerability in a potentially hostile environment. Another institutional barrier that the women experienced was the lack of a collective voice for women in prison. As they were learning to become more assertive and began to speak their needs, they found it difficult to be heard. They acknowledged the structure was predominantly male and many felt like they did not have the same opportunities as men to work on their change. The male gender privilege amongst female residents was a visible obstacle within their immediate environment.

To recap, all of the participants identified factors that challenged their ability to change. These included uncomfortable feelings associated with change, the dialectic of accepting their personal barriers while trying to find alternative ways coping, and the institutional obstacles that influenced the quality and quantity of their change.

Essential Qualities of Change. All of the women experienced change while attending counselling in prison. Even if the change was not clearly positive, the essential qualities of change involved gaining new understanding, discovering surprising behaviours, and redefining the self by referencing the past and present.

In terms of gaining new understanding, all of the participants experienced a new awareness about themselves as a result of counselling in prison. They saw themselves in a different light and for some it was a moment of awakening. For others it was a disappointment. Nonetheless, their lives had more richness in the sense that they learned more about themselves than they knew prior to this counselling experience.

Along with this new understanding came a discovery of new behaviours. Each woman started acting in ways that were previously unfamiliar. It was like they uncovered aspects of themselves that had never been seen before. One of the women surprised herself by being more able to ask for help. Another was stunned at her desire to become more feminine, a consequence of her growing self-esteem. There were those who became more aggressive while others became less aggressive. Others were uncharacteristically quiet while some became outspoken advocates. In essence, all of the women were amazed to see behaviours emerged, both positive and negative, that they never thought were possible of themselves prior to this experience.

As a result of the new understanding and associated behaviours, the women started to redefine themselves. They began to internally incorporate their changes by using the past as a measuring stick. Comparing their progress or decline to their current situation, they determined whether anything was different. If there was change, they merged their two identities, past and present, into one new identity. In this fashion, the participants redefined who they were. For some it meant they could finally say "I can" and finish things, as evidenced by their program certificates. For others, they were no longer *always* impulsive because of their new success in thinking before acting. One woman no longer defined herself as a "fixer," a person who felt compelled to control problems. She learned that she could relax and go with the flow. Each woman reacquainted herself with such things as what she liked, what she no longer liked, and what she saw as possible for herself. Collectively they shared similar experiences in reshaping their identities. Change became a measure of their past and their present.

Influence of Client Factors

All of the women in the study spoke about extra-therapeutic factors that influenced their counselling experience. They sustained themselves by using their own strengths, supports and previous experiences. Three main categories emerged from the shared analysis of these factors. These factors are the women's previous contact with counselling, their established skills, and supports, and the support that they shared with other women residents while they were incarcerated. Below, each of the three areas is discussed individually.

Mixed Reviews: Previous Exposure to Counselling. All of the women in the study had prior exposure to counselling, which resulted in mixed reviews. Some of the participants had previously engaged in sessions with positive results, while others had less than favourable experiences. One woman in particular, although never directly involved in counselling before, had worked alongside the profession. She had respect for counselling but never believed her problems warranted professional support until she was incarcerated. As a result of their prior exposure to therapy, each woman's experiences and subsequent expectations of counselling followed them into therapy this time around. Some expected to receive further support and success while others viewed sessions as more of a gamble given that their previous contact was negative or only peripheral. When their data was analysed for the women as a group, the fact that there was no unidirectional experience (i.e., positive or negative) of previous counselling may suggest their current attendance did not entirely rely on their previous experiences. It could be that their prior exposure to counselling shaped their expectations, but other factors such as willingness and attitudes towards the profession were also important considerations that influenced current their attendance. As a group, the women had mixed reviews prior to entering counselling in prison.

Established Skills & Supports. All of the women maintained their own ways of coping while incarcerated. These pre-existing strategies became significant factors, which supported their counselling experience. Broadly, these skills and supports were separated into two categories. There were those supports that were relational to the woman, e.g., family, God, as well as internal skills that the woman had developed over her lifetime and continued to use while prison, e.g., hope, resiliency, boundaries, adaptability, etc. Concerning the relational aspect, all of the women identified people and/or spiritual figures in their lives who helped them to cope and change. Whether it was a sibling, parent, child, or God, all of these relationships buoyed their spirits and provided the women with support. They found a sense of continuity in these relationships as they persisted before and after the women's imprisonment. The relationships also provided them with a sense of acceptance and security, two conditions that were very difficult for these women to find within the prison walls.

In terms of pre-existing skills that the women used, all described individual techniques that gave them comfort in a distressing environment. The ability to turn negatives into positives was one such skill. All of the women were able to look at their situation and shift their thinking when times became difficult. One woman used goal setting as a means to cope with a challenging relationship on the Unit. She made it her mission to have a pleasant interaction regardless of how she was received. Many found that they had a choice in their attitude and being positive helped to protect them against feeling miserable in their situation. Others used the skills of distraction and self-soothing behaviours when feeling overwhelmed. They could shift their attention and engage in reading, visualisation, and journalling to help qualm anxieties. In all, each of the women maintained established skills and supports that helped them through their daily environment as well as their change. These women were resourceful in their techniques and applications. They created their own comfort by capitalising on their pre-existing relationships and support.

Shared Stories Shared Support. All of the women spoke about the importance of finding support in other women residents on the Unit. By sharing their stories and concerns, the participants created a mutual network within the institution. Sometimes there was no understanding better than receiving it from those who were going through similar struggles. One woman described her support as feeling like she was finally home. Other women found validation and relief through sharing their similar experiences. They were no longer alone in their problems. Connection with others also gave many a sense of reciprocity. They received help by helping. For example, in comforting some of the younger women on the Unit, one participant said it was like needing a daughter when they needed a mother. In fact, all of the "older" participants found comfort and a sense of purpose by allowing others to access them as surrogate mothers. For the younger women that were interviewed, they spoke of their gratitude for having others to lean on. Like one woman said, despite the circumstances and the trust issues within the Unit, it still was possible to find friendship and support. By sharing with others, these women gained a sense of hope, encouragement, belonging, and acceptance. Without their network, all of the women described that their time incarcerated would have been much more difficult.

Living Inside: Understanding the Prison Climate

Throughout the interviews, the women spoke about how the institutional environment significantly affected their experience. They described three areas that influenced not only their counselling, but also their daily life in prison. These three areas included the resident culture, the interplay of supervision and emotions, and the experience of resident and staff relations. During the interviews, the women did not specifically raise issue with the environment but rather their comments about the environment were interwoven within their descriptions of counselling. It was only through the analysis that their daily environment became evident as a substantial part of their experience, which could not be ignored. As outlined below, the women's experience of prison was considered for descriptive purposes but it should be remembered that these factors arose throughout the discussion of the counselling experience.

The Resident Culture. All of the participants raised specific concerns about the resident culture of women in prison. Generally, the resident culture was filled with bonding by association, status, and gossip. There was a fine balance between being yourself and protecting personal information. Therefore, an unwritten code of covering emotions existed to avoid manipulation by others. Defensiveness was their best offence.

All of the participants described the anomaly of trust. There was an unmistakable tension between affiliation and isolation on the Unit. Women attempted to support one another, yet the link was so tenuous that the bond could break unpredictably. The fragility of alliances on the Unit challenged all of the participants' ability to rely on their peers at some point during their stay.

Also, many of the women were aggravated by those not ready to change. In fact the participants often referred to the environment as "immature" and similar to a play-school where children needed to be controlled. They described how meddling women could strain the environment to the breaking point. One person's inappropriate behaviour had the ability to bring sanctions upon an entire Unit. They were repeatedly told to "do their own time" yet they were connected so intimately by their culture and environment that they described an inability to escape the politics. They were related to each other whether they wanted to be or not.

In sum, the resident culture challenged relational and personal boundaries on the Unit. Often it was difficult to relax without implementing the common practice of "watching your back." Although wanting to seek support in each other, it was paramount to be weary of others' motives. It was a difficult place to be when trying to grow and change.

Supervision & Emotions. This cluster arose from a discussion of managing emotions within the prison environment. Similar to the resident culture, all of the participants spoke about the difficulties keeping emotions under control in order to avoid attention by staff. For many of the women, they attempted to adopt pleasant facades for the guards in order to avoid scrutiny. Even when dealing with difficult feelings after a counselling session, these women described shutting down their emotions and feigning wellness.

The motivation to pretend was out of a fear of segregation. Of the women interviewed, all attributed negative consequences to showing too much emotion on the Unit. No one wanted to give the staff any sense that they were emotionally unbalanced. Even if that was what they were feeling inside, being emotionally dysregulated to them meant grounds for segregation. Some also feared committal to a psychiatric facility and others worried that they would be transferred to another institution for becoming too emotional. Yet another woman spoke of the on-going worry she had for her child in the community, although she remained committed to not letting it show. In essence, all participants spoke about the power that supervision had on their emotions. They were cognisant of how to manage their emotions by maintaining a strict code of personal conduct. Don't let them see you cry.

Resident-Staff Relations. Just as a fine balance was described amongst the women, delicate relationships existed between residents and correctional staff. All of the women acknowledged that these relationships were somewhat reciprocal. If you were disrespectful to staff, you could expect your time to be tougher. On the contrary, if you gave staff respect, they generally offered support and good will. All of the women identified at least one other staff member separate from their counsellor who was a source of support and inspiration. They spoke highly of these individuals in helping them get through their time. They were grateful to receive as sense of hope and value from these encounters.

However, the "golden rule" only went so far in prison. The women also described moments of frustration when they were all grouped together as "criminals." Some felt challenged by staff members who were doubtful of their ability to change. Others felt outright humiliated in their interactions. They understood it was the guards' job to maintain control and by virtue of this power differential, equality between residents and guards was monumentally eroded. Summarising the words of one participant, there is a very fine line between residents and guards because authority pervaded any illusion of rapport.

The following section contains the overall synthesis of the shared experience across participants. As stated in the Methods section, this integrated description is the final piece in the investigation. Here the shared story is revealed, without reference to any one of the participant's particular contexts. The shared description has been written in the collective first person to give the sense of a unified voice; something that many of the women stated was missing from their experience in prison.

Overall Synthesis of the Shared Experience

Long before we arrived in prison, we were losing control. A sense of powerlessness had slipped into our lives, silently weaving us together. We clawed and battled our way through the best we knew how but our troubles reached fever pitch. We were sentenced to a term of incarceration.

Upon entering the institution, our trust was checked at the door. Nod your head but keep to yourself. On the Unit, the tension was visible. Long sideways glances told us to protect everything we had. Emotions quickly became a liability.

Learning the ropes is necessary in order to survive. We carefully align ourselves with some but not others. Manipulation is rampant amongst the residents. Remember that these are your acquaintances not your friends. People can turn on a dime. Your room is sometimes the safest place to be.

We watch others play their games and occasionally get caught up in the disputes themselves. How can we not be affected? We are invariably linked by our sentence. Rules dominate and conflicts exact a price on everybody, even when it is only perpetrated by the actions of a few. Guards tell us to do our own time as they pack up their lunch bags and go home.

We all know there are issues that brought us here. This isn't the first time that we realise perhaps something is wrong. We're not stupid. We have to face the most unpleasant aspects of ourselves. It means a lot of fear, humility, and depression. Why would anyone want to dig that stuff up? By holding together the fragments we thought we could get by. We were so wrong.

In order to change, we have to admit responsibility for our problems. We have to accept our concerns in the full spectrum of broad daylight. The situation can't get any more real. Our lives are fully regimented. We are strip-searched on a regular basis. Privacy is next to impossible and we are all subject to the same dismal food and clothing. It is time to resume some personal control in our lives.

There are problems to address and we have a couple of choices. We can learn from this experience or we can isolate ourselves and come back again. Acceptance forged a major pathway into counselling.

Seeing the silver lining in our incarceration is crucial to avoid being caught up in the dysfunction. Call it what you want, glass half-full, optimism, hope, faith, we all reason that we still have a choice. We can do something with our time. Even with our freedom limited, we are able to create positive moments. We have the belief that this incarceration is an opportunity. We could have been miserable the whole time instead.

Before we entered psychology we already had some exposure through our jobs, our previous incarceration, or our community. As a group our knowledge is mixed but somehow we all decided that attending is worth the risk. For us, counselling is the emblem of change. It means getting help. Granted there is still some trepidation in getting personal, but at least we are all willing to try. We have plans of exploring our problems and finding answers. We are looking for safety, trust, and acceptance. Ultimately, we are trying to find some balance. So we all took the plunge and crossed the threshold. We are doing this for ourselves.

Trust is a huge issue in our counselling experiences. We all want it and know that it is necessary in order to talk. We also know that for us to go anywhere in counselling we need to be open. Even when we aren't ready to disclose everything, a certain amount is required. Unfortunately we all don't trust completely, but at least we try. It isn't the fault of the counsellors. In prison, trust is slippery currency.

By attending counselling we are searching for relief. Tension fills our daily lives and sessions are there to blow off steam. It is nice to escape the Unit and get a break away from the politics and gossip. So often we hear about the drug talk in lieu of any real priorities. In counselling we find conversations about goals in a place where people have so little. Stimulating discussions brighten our days and provide some sustenance to our otherwise dreary routines. Counselling also provides relief from our concerns. It keeps us focused on the importance of addressing our problems. Although solutions are not always accessible, it is good to get a little relief by talking about them. Searching for relief also means that we cut a break from paying for our sessions. Everybody knows free counselling is hard to come by.

Counselling isn't exactly a smooth experience; we face many barriers. At some point, we all have difficulties talking to our counsellors. Some of us want to run away while others feel too vulnerable to go any further. It is difficult to be open all of the time. Perhaps if all of us would have had female counsellors it might have been different. In prison, gender is so important.

By and large the biggest barrier, however, is the institution. There's an enormous imbalance between the number of residents and the number of counsellors available. Staffing and financial shortages limit the resources. It is also maddening to be put on hold while others traipse through psychology in search of drugs to numb their time. Paperwork is slow and feelings can get you segregated.

Managing our emotions while under the watchful eyes of guards is also a balance. It is important to keep things under wraps in order to avoid any suspicions, let alone negative consequences. Being emotionally unstable is a one-way ticket to segregation or worse. Maybe she is doing drugs. Maybe she's suicidal. They watch us like hawks – it's their job. So the rule is to adopt a pleasant façade even when you feel like crumbling on the inside. We don't want to draw any unwanted attention to ourselves. Don't let them see you cry.

But in reality, the guards aren't that bad. Sometimes it feels like us against them but that's only when they lump us all together. It's hard to focus on anything else when we're lobbying to be seen as individuals. It is also frustrating when staff trump us with the power card but hey that's prison. When we really look at it, you get what you give. We find support in staff throughout the institution and capitalise on our brief encounters throughout the day. Part of our change is learning to use what we have in the meantime. We are under no illusion. It is up to us.

Despite the barriers, we have all decided to tough it out. No matter how hard counselling is or whether we feel like we're losing ground at times, we still believe it can help us change for the better. Counselling has the potential and so do we. We keep going to sessions, riding the roller-coaster, and hoping that the benefits are around the corner. Sometimes they are and sometimes we have to keep looking. Trust us, it would be easier to bury our problems and ignore the issues. There are many that sit idle on the Unit, just waiting for their time to pass.

For us, however, it would be a wasted opportunity. We want to understand ourselves. Like we ever want to come back here again.

Change means doing something about our problems. In prison there are so many things done to us, change is one of those things that we can do ourselves. Taking responsibility means acknowledging our individual power to influence each of our lives. Change requires our focus and commitment. We answer to ourselves. Despite the overwhelming odds against us, we know that we have options and responses to those obstacles. Our internal resolve guides our choices and our choices make a difference. Know when to pick your battles and stand up for yourself. Alternatively, know when to let the battles go. Even when things look bleak and we feel like we're slipping, we still have the responsibility to fight against decline.

Change has its hurdles. It can be scary and uproot your sense of security. We have to fight with some uncomfortable feelings and beat back those old ways. Change is a balancing act of giving up what we know while trying to find alternatives. We also have institutional dynamics that challenge our change. Often residents are in each other's faces and using your skills can be intimidating. Try practising "I feel" statements while somebody is in the process of stealing your canteen. Good luck. You can kiss it good-bye. Remember, prison is no place to be vulnerable.

It isn't all new, however, because long before we came here we had ways to cope. We continue to seek comfort in outside supports that are already effective. Our families, including our children, provide us with solace by talking to them and about them. We also find reprieve in our spirituality. Accessing our faith is strengthening when it seems nobody else understands. These relationships make us feel accepted and they continue to exist regardless of the four walls and our limited freedom. Sometimes we are our own best resource when it comes to finding ways to get by. We can't do it every time, but then again nobody's perfect.

Turning negatives into positives is also a definite asset. We can look at our situation and shift our focus when feeling distressed. We have a choice in what attitude we carry, which helps to protect us against feeling miserable and oppressed all of the time. Granted there are days that the tediousness and the loneliness tests our ability to see the bigger picture. It is a constant process of keeping yourself in check.

Despite all the crap that happens on the Unit, it is still possible to find some inside support. For us, it's important to connect with other women like ourselves. In sharing our stories and our concerns, we find validation and relief. There's nothing like leaning on someone else who knows. We mean *really knows*. If you cut out all the bull#$%, there is some reciprocity. Without this inside support, time is even more difficult. We live in a fishbowl but at least we share it.

We are all going through changes while we're here. Some are good while others are unwelcome. Despite the direction, all of us are beginning to see ourselves in a different light. There is a new awareness that has shifted our self-image and along came some surprising behaviours. Sometimes we can't believe what is coming out of our mouths. It's amazing to see ourselves reacting differently to situations that had beaten us before. Not all of it is good mind you, but still, there are behaviours that we wouldn't have previously recognised ourselves doing. As a result, we have started to expand. We are using the past as a measuring stick to help us internally incorporate our change. We look at the snapshots of before and after and merge the two identities. We calibrate our change through our past and present while looking to the future.

Some of us are having more positive experiences than others, yet each of us is going to walk away with something. From daily coping to long term planning, we are finding some help in our range of concerns. We appreciate the caring found in our counsellors, even when they can't help us completely. They are genuine people that see beyond our crimes. Counselling gives us the benefit of self-reflection. We know more about ourselves now than when we first arrived.

This is our experience. We know that in most cases our isolation from society implies that our opinion no longer counts but we're hoping otherwise. It's hard to be heard as a woman in prison. We don't have much of a chance to speak collectively about our lives. We know that we're responsible for our change. We all went to counselling looking for it. We are all hopeful that we'll continue to learn. Listening to us without judgement would be a bonus.

Discussion

The purpose of the study was to explore the experience of counselling for women in prison. In this section, a presentation of the study's important findings is discussed in reference to the current literature. Methodological considerations and the study's trustworthiness are also presented. Recommendations for therapists and implications for future research are presented at the end of this chapter.

Research Findings

Through the use of qualitative inquiry, it was my aim to explore the counselling experience of women in prison. Some of the findings from this study are related to the current literature, however, the individual stories and overall shared description is new.

Some of the women's experiences are reflective of counselling processes that have been consistently identified in the psychotherapy research literature. In terms of client characteristics, all of the participants were experiencing distress. Each woman had faced a significant amount of adversity prior to her incarceration and she felt the burden of her problems. Feelings of distress and incongruence are common client characteristics that are reported in the psychotherapy process literature (Grencavage & Norcross, 1990). Also, once the participants were incarcerated, they each became active in seeking help. They wanted to do something with their time and they were hopeful that psychology sessions would serve as a positive support. These findings may be explained by Torrey (1972) who reported that the act of seeking out treatment in and of itself will help to ameliorate client distress. Through the act of attending therapy, Torrey found that clients will feel better and increase their hope that eventually they will become well. In this study, even when the participants felt like giving up, they continued to be active in addressing their concerns throughout the experience. Using Torrey's perspective, their hope of feeling better and engagement in therapy may have served to fuel their persistence in counselling. As a function of increased hope that the benefits would be "around the corner," the women continued to engage in counselling.

In terms of therapist qualities, the women were consistent in speaking positively of their counsellors. This is consistent with Grencavage and Norcross (1990) who suggested that the most beneficial therapist qualities in the psychotherapy process literature were reported in the form of general positive descriptors. Even when some of the participants were frustrated by the system, their criticisms did not include the therapists' personal qualities. They thought the counsellors were genuine people that were honestly there to help. They felt a general sense of warmth and positive regard despite the surrounding environment. These findings are also consistent with the person-centred approach developed by the grandfather of psychotherapy, Carl Rogers. In his theory (see Rogers, 1979 for review), he emphasised that clients are able to access their own resources and move towards self-understanding through therapists' demonstration of genuineness, unconditional positive regard, and empathetic understanding. In their own words, the participants described their therapist in similar terms that Roger's emphasised, e.g., "he's genuine," "my psychologist is always noticing and concerned . . . I know he is", and the therapist "listened to and looked at and [did] not judge." It appears that participants experienced the conditions that Carl Rogers argued were important vehicles to facilitate the counselling process.

Linked to the sense of general warmth, most of the women felt a positive connection with their counsellors. For those who were a bit more wary, their alliance was relatively more positive than other relationships within the prison. This in itself was beneficial as all of the women identified the difficulty in finding genuine relationships outside of the counselling room. The prison environment was a constant reminder to calculate their other relationships carefully. Similar to findings in the general psychotherapy literature, the therapeutic alliance has been identified as one of the most significant aspects to the counselling experience (Gelso & Carter, 1994). The alliance has arguably been an important component to counselling regardless of one's theoretical orientation (Hartley & Strupp, 1983; Robbins, 1992). Attempts have been made to understand what makes the therapeutic alliance so integral to counselling. Hobbs (1962) argued that the therapeutic impact of the client-counsellor relationship is found in the sustained sense of intimacy without getting hurt. As well, Kempler (1980) suggested that change can only happen in the context of a relationship with another person, and therefore the therapeutic relationship provides that context for change. For the participants in this study, the therapeutic relationship was an important part of their experience that had an impact on their ability to make connections with their counsellors.

The participants' opportunity to express their concerns, including issues about their daily environment, was paramount during their counselling experience. This finding is consistently identified as a important experience in therapy (Grencavage & Norcross, 1990). In Grencavage and Norcross' (1990) review of the literature, they found that this relief is commonly referred to as "emotional ventilation, dramatic relief, tension release, abreaction, or catharsis" (p. 374). Further, they identified this experience of relief as an important aspect of therapy across all modalities as clients receive a great deal of comfort through the ventilation of their problems. In this study, the women spoke of counselling as a place to get a break – from their environment and from their concerns. The therapist's office was a refuge from the political and emotionally charged prison environment. Each felt a certain amount of relief during some point in their counselling experience.

Another experience consistent with the literature was the practising of new behaviours, particularly coping skills and interpersonal exchanges. The women described trying out new skills and finding improved ways to handle conflict situations with others. In their quest for new behaviours they often surprised themselves in their actions and their abilities. Similarly in the psychotherapy literature, the acquisition of new behaviours has been identified as an important process that occurs during the client's experience of counselling. Davison (1980) referred to this as the "try it-you'll like it" phenomenon. Through the act of trying a new behaviour, the client begins to expand their repertoire of coping and subsequently begins to change. Davison also advised that clients must be encouraged to attempt behaviours outside of their repertoire in order to determine the risks, benefits, and experience of how it feels. All the participants in this study said they faced situations during their incarceration where they had opportunities to try new behaviours and were surprised at the effect. For example one women became more feminine while another was able to stand up to a bully and not get assaulted in the process. Each of the women described similar experiences where they found courage and willpower to try new things.

As a group, the women did not speak about particular techniques that they found helpful in counselling. What they did find, however, was a greater connection with themselves through conversations that explored their thoughts, feelings, and actions. This is an important finding because the clients identified the meaningfulness of conversations with the therapists as opposed to any particular strategy that the therapist used. This finding is consistent with Pauslon, Truscott, and Stuart (1999) where clients reported that self-disclosure, emotional relief, and new perspectives were some of the most helpful experiences of counselling.

Another explanation for the women's lack of focus on particular technique in counselling may be that the counsellors' techniques used during the sessions remained hidden from the participants. As a result, the techniques were outside the realm of the participants' awareness. Even if the counsellor utilised a number of techniques, it was not a salient aspect of the participants' experiencing. This is also a curious finding because the correctional research literature suggests that specific strategies, particularly those from a cognitive-behavioural perspective, are helpful for working with offenders. In the current study, the women did not speak to such strategies, e.g., they did not indicate that homework, challenging cognitions, or monitoring negative thoughts etc., were part of their counselling experience. Instead they recalled the importance of "just" talking and exploring their inner worlds. When asked about memorable experiences of counselling, all of the participants highlighted the importance of conversations, while again, none of them referred to any specific technique, despite follow-up questioning during the interviews. Instead, as a result of their therapeutic conversations, a deeper understanding emerged of their individual identities and options.

A number of important experiences of counselling in prison emerged as part of the participants' stories. First, all of the women expressed the need to accept their concerns. Each felt that they could not ignore or avoid the signs that indicated they were in trouble. Arguably, their incarceration contributed to their acceptance; however, they actively confronted themselves and acknowledged that their problems would not disappear upon their release. They contrasted this awareness with their observations of others in prison who attempted to numb their time by sitting idly on the Unit or lobbying the psychiatrist for mood altering medication. This is an important finding because acceptance of their situation and their problems seems to have become a major pathway to seeking counselling. These women did not try to avoid their circumstances of being in prison nor did they attempt to numb their time. Alternatively the women used others' lack of involvement in programs and counselling as a source of motivation. This finding is consistent with seminal theories of social comparison (e.g., Festinger, 1954; Hornstein, Fisch, & Holmes, 1968; Zajonc, 1965) and may help to explain the participants' pathways into counselling. The more the women negatively compared others on the Unit to themselves, the more the divergent comparison facilitated acceptance of their concerns, which fuelled their desire to seek counselling.

Another important experience for the participants was that they were caught in the crossfire of institutional and counselling norms. It was a contradiction to be vulnerable and trusting in prison, yet all of the women acknowledged that trust was an important aspect of their counselling. This conflict weighed heavy on their experience and it was an underlying tension throughout their descriptions. In the effort to adopt a pleasant outward appearance while under supervision, they all spoke of hiding a certain amount of emotion and inner turmoil. Hiding emotions in prison is consistent with the findings of Greer (2002) who identified that incarcerated women often restrict their emotional experiences and refine their emotional management techniques. Each of the participants spoke of the importance of withholding a certain amount of emotion in order to avoid drawing attention to themselves from staff and other residents.

Another important finding was that all the women at one point in the counselling experience had difficulties talking to their therapist. Similar to the participants' experiences, Pollack (1998) and Kendall (1994) argued that prison and counselling norms often conflict and the prison environment has great potential to impinge on the therapeutic experience. Each participant described withholding a certain amount of information during the therapy. Researchers of nondisclosure in counselling have identified feelings of shame and fear as the top two reasons why clients withhold information from their therapists (Hill, Thompson, Cogar, & Denman, 1993). Further, nondisclosure in therapy appears to be quite common in therapy particularly surrounding secrets of relationship difficulties, sexual issues, or feelings of failure (Hill et al., 1993; Kelly, 1998). For the participants of this study, nondisclosure was influenced by a number of factors. For some, they questioned the utility of counselling in prison while others thought that they would save their disclosure for counselling on the "outside." Moreover others felt too vulnerable to be addressing their problems in a punitive environment. All had concerns about becoming too emotional and facing institutional consequences such as segregation. Primarily these results suggest that the issues of fear, readiness, and vulnerability appeared to be salient aspects that mediated the type of discussions that they had with their therapists. Furthermore issues of trust seemed to be magnified under the scrutiny of the prison environment.

Another experience that was important to the participants was the reliance on existing strengths and supports to cope. Family and spirituality were two areas where the women already felt accepted and could access these supports when feeling down. Although the use of spirituality sometimes appears stereotypical and can be viewed as the women's insincere attempt to "find God" and be transformed, the women in this study described their faith as a coping tool that contributed to feeling emotionally safe and supported during their incarceration.

They felt unconditionally accepted in their faith. This acceptance was a stark contrast to society's judgements and life in prison where the participants' feelings of self-worth seemed to be at an all time low. The other existing skills that the participants drew on included distracting oneself by reading, journalling, recreation, focusing on positives. They found comfort in these strategies, particularly when feeling alone and isolated by their limited freedom. These results are consistent with the literature that promotes client's ability to access pre-existing strengths and resources outside the counselling room (e.g. Hubble, Duncan, & Miller, 1999; Tallman & Bohart, 1999). Similarly, Greer (2002) found that incarcerated women used various strategies outside of counselling, such as diversions, spiritual pursuits, blocking exercises, self-reflection, and humour to manage their emotions while incarcerated. Many of Greer's respondents watched TV, played cards, and listened to music as ways to distract themselves from their internal states. Others prayed or found something to laugh about. Self-reflection occurred when the respondents attempted to analyse their emotional states through thinking, writing, and/or evaluating why they felt the way they did. Similar to the findings in this study, the participants found daily activities and interactions on the Unit to help them cope with mediating their emotions, particularly after counselling sessions when emotions could run high.

Two other important aspects of the women's counselling experiences were identified. The first was each woman's ability to create a support network inside the prison despite the hostility within the environment. The second aspect was the desire to be supported by a female counsellor. Regarding the former, it was very important for each of the women to relate with other women. It was meaningful to share their stories and connect with each other. By doing so they found validation and relief in their own concerns. Their behaviours could be understood through a social psychology perspective using Schachter's (1959) theory of group affiliation. Schachter proposed that people associate in groups when situations are stressful and/or ambiguous with a potential threat. Schachter proposed that people's motive for affiliation was an attempt to discern what emotions to experience in a particular situation i.e., through social comparison, and to reduce their anxiety directly. All of the participants identified the stress of incarceration and this may explain why the participants found that associating with other women in prison was an important coping mechanism. Another explanation for this behaviour is found in Sitton and Wagoner's (1978) study of how females respond to fear. These researchers demonstrated that females awaiting a highly fearful situation choose to wait in an all-female group rather than a mixed group (Sitton & Wagoner, 1978). Sitton and Wagoner suggested that their findings support the notion that social comparison is a more salient motive for affiliation than women's search for male reassurance and/or protection. Furthermore, the participants' desire to create a support network with other female residents may also be understood by a more recent study. Taylor and Klein (2000) reported that evolutionary biology has led males and female to respond differently to stress. Particularly, Taylor and Klein argue that women, as opposed to men, find that social interaction helps to reduce stress. By forming coalitions with other women, they are better able to respond to threats. They coined this phenomenon the "tend and befriend" theory that contrasts with the "fight or flight" paradigm that has dominated past research. For the participants of this study, they spoke of the importance of having other women around them who understood the stress of incarceration and provided them with validation and support. As a result, they created a positive network and relied on each other outside of the counselling sessions for help with their concerns.

Feminist theory can also help to understand the participants' experience of reciprocal support and development of a social network in prison. Although not the original intention of this study's framework, the stories of the participants resonate loudly with the existing feminist literature on women's self-development and identity formation. All of the participants reported increased understanding of themselves and who they are through their relationships with others. Similarly, feminist theorists (Jordan, 1984; Kaplan, 1982; Miller 1984, 1986; Stiver, 1984; & Surrey 1985) proposed that women's identities are formed through interaction and relations to their social and emotional environment. These particular theorists suggested that: (a) humans grow in, through, and toward relationship, (b) for women, especially, connection with others is central to psychological well-being, and (c) movement toward relation mutuality can occur throughout life, through mutual empathy, responsiveness, and contribution to the growth of each individual and to the relationship (Jordon, 1989, p. 1-2). This feminist-driven, developmental theory of women departs from the traditional notion of the self as separate and disconnected from others (e.g. Erikson, 1950; Levinson, 1978) and focused the self as organised and developed in the context of important relationships. The fundamental belief of this self-in-relation perspective is that women's sense of self is grounded in making and maintaining relationships with others (Miller, 1976). Therefore, a large portion of women's self-esteem is linked to, "a great sense of satisfaction and fulfillment when the relational aspects of her life are in place, when she feels love and accepted for who she is and who she wants to be" (Sweeney, 2003). By actively participating in such relationships, the woman creates a greater sense of energy ("zest"), knowledge of herself and others, capacity to act, sense of self-worth, and desire for further connection (Miller, 1986). This enhancement of the self was evident in the all the participants' stories as they described building and shaping relationships that were linked to better self- understanding. The women in this study were all able to access particular relationships within the prison environment that gave them opportunities to redefine and understand who they were and who they were becoming. By using relationships in prison, all of the women spoke of emerging self-understanding, motivation to learn more about herself, increased self-worth, and desire to have to have strong relationships in the future.

Miller (1984) also asserted that attending to and responding to the others, i.e., "caretaking," is the basis of all psychological growth. Likewise, caretaking was an integral aspect of the participants' experiences. They found comfort and support in relationships, which helped to facilitate their understanding of themselves and their ability to cope in prison. Even when they characterized the prison as an infantile environment, all of the women gave and received care through relationships in counselling and on the Unit. Noddings (2002) suggested that caring occurs with increased sharing, proximity, and reciprocity, and these characteristics were also aspects of the participants' experiences. Each woman in the study described a physical closeness, sharing, and reciprocity from identified source(s) within the prison environment. Further, Noddings reported that we do not feel obligated to care if we sense no reciprocity, which may explain why the participants felt care for some but not others in the prison. Noddings also suggested that we respond to the emotional needs of others by increasing our care for them. Similarly, the participants' all identified the importance of responding with care through their connections with other institutional staff and residents.

The other aspect that was integral to the participants' experience was the desire to be supported by a female counsellor. Most of the participants had male therapists and spoke directly about gender in relation to the counselling experience. For those who had female counsellors, they felt grateful for having the support of a woman and contrasted it with previous, negative experiences of male therapists in the community. For those participants who had male counsellors, they felt limited in their disclosure and avoided sensitive "female" issues with their therapist. This is an interesting finding because it speaks to the validity of acknowledging gender issues when counselling women in prison. The research on gender matching between client and counsellor is inconclusive (Nelson, 1993), however, it has already been demonstrated that women clients tend to show a greater preference for women therapists or tend to disclose more willingly and discuss more personal and relational concerns with female counsellors (Pikus & Heavey, 1996; Snell, Hampton, & McManus, 1992). It may be that women in prison need more gender-sensitive counselling based on their contextual factors, particularly in this instance where the participants were incarcerated in co-educational, male-majority prison environment. Based on the advice of Enns (2000) and common therapeutic wisdom, it is important that therapists seek open discussions with their clients about their concerns in order to appropriately attend to clients' needs. Realistically, however, a female counsellor in prison may not always be readily available. Nonetheless, acknowledgement of gender issues during counselling will likely serve the therapeutic relationship well.

One of the most encouraging aspects of this study was the participants' enthusiasm to volunteer for the study. Descriptions in the literature and psychotherapy practice have characterised incarcerated individuals as difficult and resistant therapy clients. One would almost expect clients who were attending counselling in prison to be apprehensive about sharing their experience. However, the participants expressed a genuine desire to contribute both for themselves and for the psychological community. They wanted to be better understood and were eager to volunteer their stories. Their enthusiasm challenged the stereotypes that offenders are self-serving and insincere. They also provide an example to professionals that great potential lies within this population and we can learn more about counselling by trying to understand their perspective. Similarly Gambrill (1990) cautioned professionals against over generalising and falling into the stereotyping trap of certain client groups because by doing so, professionals increase the risk of underestimating the potential of the clients' willingness to work on their problems and be successful in therapy. As demonstrated by the participants' eagerness to share their stories, they showed a resounding commitment to their issues and demonstrated a genuine willingness to engage in counselling.

As a final note, the results of this study are a unique contribution to the psychotherapy and correctional literature because, until now, few women in prison have been asked about their counselling experiences in a way that gives them an opportunity to speak from their own perspective. Particularly, this study has served as a point of access into the prison system where the doors have been opened a world that otherwise remains distant from most people's consciousness. This study has allowed us to hear these women's stories by connecting their voices through interpretive accounts of their counselling experiences. What emerged from this investigation are the individual and shared stories of counselling truly from an "insider's" perspective. It is my hope that by providing this intimate look, I have added to the on-going development of knowledge about the counselling process and incarcerated women. By using the results of this study, we are better informed as researchers and clinicians about counselling one of the most marginalised populations – women in prison. In this next section I will discuss the trustworthiness of this study and describe the rigorous procedures that I used to guide the qualitative process.

Establishing Trustworthiness

Lincoln and Guba (1985) have distinguished four categories of evaluation in which qualitative research can be judged: credibility, transferability, dependability, and confirmability.

In this study I established credibility, or "truth value," through prolonged engagement with the participants, use of critical discourse, continuous observation, as well as reconstruction of the women's experiences through the collaborative process with the women themselves. I persistently checked that the descriptions I pieced together through the data and interviews were consistent with the women's experiences. I also engaged in discussions with prison counsellors, psychologists, and other critical thinkers in order to challenge my own understanding and growth during the research process. Credibility was also established through the use of multiple interviews in order to reduce any inconsistencies that may have occurred. Furthermore, spontaneous repetition of details from previous interviews were taken as an indication of accuracy. As the researcher, I also engaged in developing an audit trail of my own processes prior, during, and after the study was completed. This was in the form of journal keeping whereby I tracked my understanding of the phenomenon, recorded design decisions and rationales, and made comparisons of my own awareness in the tradition of Taylor and Bogdan's (1984) establishment of credibility. This also allows other researchers to inspect my procedures, protocols, and decision-making processes.

Transferability is the counterpart to generalisability within the quantitative tradition. In order for this qualitative study to have transferability, it was my responsibility to supply a "thick description" of the phenomenon. By doing so, the reader or person interested in judging the importance and value of these findings has a saturated description, which he or she can then use to evaluate the applicability of findings to a new situation. Therefore, transferability is assessed by the person wanting to apply the findings into a new context, because he or she only knows the new context. Similarly, transferability can also be established if another woman in prison, using her own context, is able to read the shared description and say, "Yes, this is similar to my experience."

Dependability of a qualitative study relies on the researcher's attempt to account for changing conditions of the phenomenon as well as changes in the design. This is related to the positivist notion of reliability, however, due to the qualitative assumption that reality is socially constructed and ever-changing, the concept of replication is dubious. Therefore, in order to establish dependability, I continuously engaged in reaffirmation of comments made by the women through meticulous recordings and my own observations in order to stay authentic to the issues and themes that emerge from the phenomenon.

The last criterion of trustworthiness is confirmability of the research material. This was established to the extent that I am able to expose myself as the research instrument and allow the data to speak for itself. The question then becomes, "Do the findings rest squarely on the data?" In order to establish the confirmability of this study I continuously engaged in expressing my biases and assumptions as much as possible in order to let the legitimacy of the data confirm the general findings.

In this next section I will discussion methodological considerations of this study followed by recommendations for therapists working with women in prison and implications for future research.

Methodological Considerations of the Study

There are a number of considerations related to the methodology of this present study. First, because I was the tool through which the data is collected and analysed, the results are influenced by my biases. Rigorous self-reflection was undertaken throughout the process of this study in order to expose my presuppositions; it is inevitable that a degree of interpretation filtered through the process. Nonetheless, these presuppositions and biases have been articulated for the reader, so as to provide a perspective from which the research process was conducted.

A second consideration of this present study relates to the generalisability of the findings. The approach of this study was discovery – oriented, and as such, it would be inappropriate to generalise the findings of this study to other populations and environmental contexts, such as women in conflict with the law who were attending counselling within the community. Similarly, it would be inappropriate to extend these findings to the experience of all women in prison, for a number of reasons. First, these results may not apply broadly to the experience of all women in prison, as all of the participants were willing to discuss their experiences of counselling. Second, these participants may be extreme in the sense that there may have been something particular about these women who chose to participate compared to other women in counselling who declined this current research study. A third reason to explain the difficulty in extending these findings to all women in prison, is that not all of the themes found in the within-persons analysis were found within the between-persons analysis. For example, in this study, some themes were not always shared across participants. A possible explanation for this finding could be that all of the participants may have shared in a particular experience, but it was not indicated in the course of the data collection interview. Another possible reason may be that an increase in participants may have given strength to the absence of a particular experience, which would have reduced the likelihood of it being included in the overall synthesis. These possibilities may suggest that this study could have potentially missed qualities that might have been relevant. Therefore, validity of this research project, if such a term could apply to qualitative inquiry, can only be established a posteriori when the findings resonate with another women in prison who had experience with counselling on the inside.

A third consideration of the study is the reliance on the awareness level of the participant. The qualitative approach that I used required the participants to reflect on their own experiences, which raises some concerns. First, aspects of the experience may have existed outside the participant's realm of awareness. That is, all of the present findings are tied to the participant's awareness, and further aspects of the experience may have been missed because these circumstances were not entirely conscious to the participant. A second difficulty in relying on the participant's awareness is related to the time that elapsed between the experience and the re-telling of the experience in the data-gathering interview. That is, the study relied on the retrospective recall of the participants. The consequence is that the participant's level of awareness regarding an aspect of her experience could have potentially been altered (e.g., forgotten), which may have subsequently influenced the significance, or lack thereof, concerning a particular experience. Positively, however, there is some empirical support that indicates clients are able to recall important events in counselling with accuracy even 6 months following the termination of counselling (Martin & Stelmaczonek, 1988).

Lastly, another consideration of this study is related to the reliance on language with respect to representing the experiences of the participants. First, words often indicate but seldom completely capture the range of experience, and as such, the vehicle of language may have limited the participants' descriptions. That is, the phenomenon may have lost some of its meaning as the participants' experience was transformed into words. Furthermore, the description of the phenomenon, as unveiled by the research, was also bound by language. Obviously language was the chosen vehicle in order to elucidate the phenomenon, however, its difficulties in capturing the essence of the phenomenon, that is, squeezing the phenomenon into the most appropriate words, possibly influenced the findings of this study.

Recommendations for Therapists

Based on the participants' stories and the results of this study I have formulated a number of recommendations for therapists who work with women in prison. It is likely that for those already engaged with this population, these recommendations may sound familiar, if not already well understood. If such is the case, I hope this section will serve to validate the seasoned clinicians that are already committed to helping women in prison. Alternatively by presenting these salient points, I hope to provide an opportunity for critical thinking to those persons who are contemplating work of this nature.

My first recommendation for therapists is to consider their own comfort level of working in an institution. Just as the participants spoke of the frustrations and constraints about accessing services and living in a punitive environment, it is quite likely that therapists will face similar barriers as an employee of the institution. As many of the women mentioned, prison has its own time and schedule in which things get done. The bureaucracy will inevitably be frustrating and the therapist may risk becoming burnt out or excessively pessimistic. A therapist needs to be prepared to work in high stress conditions with limited resources. Creativity is a genuine asset.

Because counsellors work in an environment where security, not therapy, is the first priority, they may be faced with the task of defending their counselling work and more generally the field of psychology. As the participants noted, they often watched the same residents rotate in and out of prison's seemingly revolving door. As a consequence, any attempt at "rehabilitation" may take a back seat or at the very least be placed into question by prison administrators. It is evident through the participant's stories that counselling had a major influence on their time in prison. Counselling, like many other health–related professions, is moving towards a system of managed care and is increasingly required to justify what we do. Consequently, it is paramount for therapists working in prison to be familiar with the literature, including both process and outcome research, and have a justifiable explanation that supports their work. Not only does it provide a defensible answer to managers, wardens, and relevant staff, but it also provides the therapist with a framework in which to deliver counselling to women in prison. In preparing their argument, at the very least, I would encourage therapists to consider the wealth of psychological literature that indicates why punishment is not the most effective means of changing behaviour (see Andrews & Bonta, 2003, pp. 341-350 for an excellent summary).

Related to inward reflection, I encourage therapists to carefully consider their own biases towards crime, punishment, issues of responsibility, "female offenders," and how these biases fit into their lives, their communities. I hope it is evident in these women's stories that they are people first and foremost, not criminals. I suggest that the stories herein provide a contrast to the pictures painted in the media and other mainstream influences about women in the criminal justice system. All of the women in the study had an understanding of their problems well before they were about to be judged by the courts, police, and the related infrastructure. They were far from being "stupid," "deranged," "mad," or any other derogatory stigma that they heard through their sentencing process.

At the same time as I write this, I'm reminded of the current problems faced by police forces in Western Canada who are finding prostitutes dead in rural areas and dealing with the devastating discovery of female bodies on a pig farm outside Vancouver, B.C. By no means am I connecting the participants in this study to prostitution, let me be clear. However, my point is that for people who are disconnected from working with marginalised women, it is easier to unquestioningly allow the media and other powerful, mainstream influences to shape our opinions about women and crime. I suggest that not until we hear their stories or see news clips of their relatives grieving from the loss of a slain aunt/mother/sister/daughter, does one consider these women's lives from an alternative perspective that extends beyond their involvement in crime. All of the women in this study expressed a great interest and hope for being better understood. I understand that implicit in their eagerness was a desire to challenge the stereotypes. At the very least, they wanted you, the reader, to look beyond her label of being an "inmate." Consequently, I propose that anyone planning on working with women in prison engage in continual reflection about their work and maintain a standard of acceptance and understanding that will hold firm in the face of society's judgements. If you believe that criminals cannot change and should be locked away "for good," I would encourage you to look somewhere else for a satisfying career.

Each of the women in the study identified times when they had difficulties talking to their therapists. Institutional constraints, prison norms, limited access, sheer frustration, and vulnerability all contributed to their silence. It is important for therapists working in prison to be aware of the significant amount of stress that fills the prison world and how this may influence counselling sessions. As Pollock (1998) stated, "Any counselor who works with female offenders in prison will quickly become familiar with this world and how it influences those who live within. . . . Stress, sexual exploitation, and subcultural pressures all compete against any positive change" (p. 43). For many of the participants they were secretly glad to have the opportunity to reflect on their difficulties, however, this was not interpreted as enjoying the prison experience. An important finding in this study is that all the women who attended sessions, at the very least, were looking for relief from the environment and appreciated being able to vent about their concerns. Balfour (2000) found in her interviews that many of the prison counselling staff needed to strike a balance with women clients that allowed for both venting and a focus on therapeutic tasks. One of the counsellors stated,

> I sometimes will contract [make an agreement] with women if I feel the session is going out of control. I will talk about prison issues, proving there is time to work on therapeutic stuff. So the first half hour is the prison, the last half hour is the emotional work . . . . So I contract that. I'll listen to them problem solve and bitch. We only do the therapeutic work thirty to forty percent of the time and the rest of it is institutional shit" (Balfour, 2000, p. 99).

Given this statement combined with the findings of this study, I encourage therapists to strike a similar balance between the therapeutic tasks and supportive listening. Importantly, therapists are also encouraged to consider whether the "venting" is being used as an avoidance strategy to feeling vulnerable and whether the practice is helping or harming the counselling sessions.

One of the more immediate concerns that therapists are likely to experience on a daily basis is the challenge of determining who is their client. Any therapist working in a bureaucratic institution faces similar challenges but prison adds another wrinkle to the issue. Recall a number of the woman in this study who explicitly stated that there were definite issues that they could not talk therapist about in fear of being sanctioned. Information about contraband or excessive emotions prompted apprehension because of the ultimate worry over segregation or a transfer. As therapists in prison, it is incumbent upon ourselves to carefully outline the limits of confidentiality and to remind our clients throughout our sessions together. Establishing boundaries and limits to information is important in all therapeutic relationships, however, because prison has it's own set of repercussions, it is paramount that both the therapist and the woman understand the mixed role that counselling can play during her incarceration. As much as possible it would seem congruent with the goals of therapy to separate counselling from other security measures if and when a behavioural outburst occurs. Foremost counselling should be maintained as a support for the women and an opportunity to model pro-social behaviour, not as a penalty for misconduct. Boundaries of therapists to consider also include their limits to helping, e.g., doing "favours" for clients and "paying allegiance to the public's safety" (Pollock, 1998, p. 44).

As demonstrated both in the literature review and in the stories of the women themselves, it is evident that women in prison have both shared and unique qualities. Their social and cultural makeup is readily identifiable in the demographic literature, however, the individual influences became readily apparent through their stories during the course of this study. For therapists in the prison setting, I caution against identifying all women as having the same statistical characteristics that are mentioned in literature – this was a source of frustration for at least two of the participants in this study (Liz and Thelma). Yet, at the same time, the shared similarities cannot be discounted. As an alternative, I encourage counsellors to be sensitive to the social and cultural backgrounds that are common to women in prison while being mindful that the expression of these traits is ultimately unique and individual. The reality is that therapists in prison are more likely to deal with minority groups and these differences will likely exist within the counsellor-client relationship. As such it is crucial for therapists to be familiar with cross-cultural issues and acknowledge what influence these issues have on counselling and help seeking behaviour in general. However, remember the individuality of each woman and do not dismiss her background of the basis of known statistics. As much as the general, middle-class public would like to distance themselves from the "criminals" of our society, it is important to understand that persons, including, women in conflict with the law, come from all walks of life and may share more similarities with you than you might think.

I recommend that prison therapists be prepared to deal with the host of diagnoses and complex labels that typically tend to precede women within the correctional system. It is likely that their clients will be characterised as having a personality disorder, depression/anxiety, and substance abuse problem. She may be characterised as difficult, resistant, and not willing to change. I would encourage the reader to review the individual narratives and come to their own conclusions about the utility of these diagnostic labels. I am not discounting the value of any one approach; however, I encourage therapists to strike a balance for themselves regarding how each approach could help or hinder the therapeutic experience. By and large, this balance will ultimately be reflected in the therapists' day to day work with their clients.

When working with women in prison I would also encourage therapists to consider the feminist notion of woman's growth from a relational perspective. All of the participants in this study described the importance of their close relationships, both inside and outside the prison setting. By attending to their relational needs, e.g., as a woman, mother, daughter, etc., therapy can serve as a vehicle to facilitate growth and understanding. Group therapy with other women can also facilitate self-understanding by providing the women with opportunities of caring, mutual relating, empowerment, and empathetic reciprocity. Linking women to resources and important relationships outside the counselling room will further promote the elaboration of her network and continued growth.

Lastly it is the responsibility of therapists in prison to consider the goal of providing therapeutic services in prison. Is success based on reducing symptoms of a particular diagnostic category, reduction in recidivism, or helping the woman achieve personal goals? Ideally success would be a combination of all three goals, however, as demonstrated in the correctional literature, it is more likely that the ultimate focus is reducing recidivism, not whether the women has increased her self-esteem. If we, as therapists, are to base therapeutic success solely on recidivism studies as indicated in the correctional research, I suspect a large number of us will become frustrated by the lack of "change."

Perhaps what I wanted to offer implicitly through this study was hope and encouragement for those who work with women in prison. As demonstrated through the experiences of the seven participants we can have a substantial effect on their lives, both positively and negatively. Through these stories it is possible to see the multiple layers that shape therapeutic services in prison. Therefore, rich information was obtained by studying the counselling experience and not simply the outcome. I encourage you, the reader, to consider whether counselling was "successful" for each of these participants in the study, even without knowing the final outcome of their release. As Pollock (1998) indicated, "Counselors who interact with inmates in such programs may feel that other measures of success more accurately chart the effect of the program on the individual and may be surprised to find that recidivism figures do not reflect what they feel to be successful intervention" (p. 21). I recognise that this is an unpopular statement particularly with those who design and implement prison programs for the purposes of reducing recidivism. I do not argue that recidivism outcome should inform practice, but what I do suggest is that experiential studies can also inform how we measure success for a couple of reasons. First, to maintain hope, strength, and the belief that as therapists we continue to have the ability to assist people in change. Second, on the basis of this qualitative study, the acknowledgement that numbers do not always tell the whole story. Sometimes stories do a fine job in telling themselves. Last, understanding the client experience can also help to inform what works with women in prison by listening carefully to the nuances in their stories. It is the details of their lives that we are trying to help change.

Implications for Future Research

Emerging from this study are a number of recommendations for future research regarding women in prison and the counselling experience.

Through this study, all of the participants indicated common stigmas that are associated with help-seeking behaviour in prison. As such, future researchers could dedicate their time to finding ways in which we can make counselling more accessible to women in prison. Avenues to consider include normalising the experience of therapy, providing psychoeducational support, and promoting the benefits to others who may be hesitant to seek therapy on their own.

The participants also spoke about the importance of having and/or desiring a female counsellor. It would be interesting to try and replicate the gender matching studies with this population and see if any difference occurs. The implications, if there were a difference, would support the need for gender-responsive programming for incarcerated women.

It may also be worthwhile to conduct a study regarding the amount of time spent in therapy dedicated to addressing therapeutic issues versus "venting" about prison life. All of the women indicated that they viewed counselling as a respite from their everyday world and appreciated the solace and relief away from the unit. I wonder if there would be differences in therapeutic alliance, therapy experience, and/or outcome if the amount of time spent "venting" was manipulated as an independent variable.

I would also be curious to investigate the informal help seeking behaviours amongst women in prison. The present study indicated that trust was a major concern and issues of vulnerability often interfered in the counselling experience. Furthermore, psychology was often viewed cautiously because of its potential link to behavioural sanctions, e.g., segregation. As a result, women in the study sought out particular peers and support staff for a supplement to their concerns. They looked forward to the five or ten minutes that they received of individualised attention. Therefore it would be helpful to look at affiliation behaviours and other survival strategies of women as a means of further understanding adjunct behaviours to the counselling experience in prison.

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Title of Project: **Inside Prison: Women's Counselling Experiences**

Principal Investigator: **Lori Goodkey, Ph. D. Candidate** Telephone Number: **492-5245**

	Yes	No
Do you understand that you have been asked to be in a research study?	__	__
Have you read (or has it been read to you) and received a copy of the attached Study Description?	__	__
Do you understand the benefits and risks involved in taking part in this research study?	__	__
Have you had an opportunity to ask questions and discuss this study?	__	__
Do you understand that you are free to withdraw from the study at any time, without having to give a reason and without affecting your future care?	__	__
Has the issue of confidentiality been explained to you, and do you understand who will have access to your records?	__	__

Who explained this study to you? ______________________________

I agree to take part in this study: Yes __ No __

Signature of Research Subject: ______________________________

Printed Name: ______________________________

Date: ______________________________

Signature of Witness ______________________________

Signature of Investigator or Designate ______________________________

THE STUDY DESCRIPTION MUST BE ATTACHED TO THIS CONSENT FORM AND A COPY GIVEN TO THE RESEARCH SUBJECT

Appendix C

Interview Guide

It is important to reflect that by using an interview guide I am maintaining flexibility as a researcher to cover the experiences of each particular woman, by asking relevant and open-ended questions while maintaining coverage of particular issues specified in advanced. As such, each interview may be variable in that questions will be responsive to topics brought up by each individual woman, however, the researcher will ensure to cover particular areas as outline below. Initially I will begin the interview by asking the women about her counselling experience in general. I will then maintain to cover such particular areas as:

1. How she initially became involved in counselling and her thoughts, feelings, attitudes towards said process
2. Her experience of attending counselling in prison as a women, as an inmate
3. Relationship with counsellor
4. Counselling and relationships with others in the prison
5. Experience of working on personal issues in prison – risks and benefits
6. Experience of a memorable session in counselling
7. Experience of voluntary/non-voluntary/involuntary participation
8. Prison's influence on counselling experience
9. Counselling's influence on prison experience
10. Her working definition of counselling
11. Experience of termination – if applicable
12. Unique moments outside of the counselling room
13. Experiences of on-going change – if applicable
14. Recommendations stemming from her experience – for other women, other inmates, for programs